



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://cao.lacounty.gov>

DAVID E. JANSSEN
Chief Administrative Officer

Board of Supervisors
GLORIA MOLINA
First District

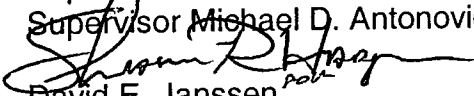
YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

May 31, 2007

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich
From: 
David E. Janssen
Chief Administrative Officer

ACTUARIAL REPORT ON RETIREE HEALTH CARE

Attached is a copy of the recently completed LACERA actuarial report on retiree health care and other non-pension post-employment benefits. This report was prepared in response to Governmental Accounting Standards Board (GASB) requirements relating to the disclosure of this liability.

LACERA will be producing a bound version of this report within the next two weeks. Nothing will change other than the quality of the printing. We will forward those copies as soon as we get them.

DEJ:SRH
WGL:df

Attachments

c: Auditor-Controller
Treasurer and Tax Collector

N:\WP\FINALS\Bill\LACERA retire health care report1.doc

Los Angeles County
OTHER POSTEMPLOYMENT BENEFITS PROGRAM

Actuarial Valuation

July 1, 2006

Prepared by:

Robert L. Schmidt, F.S.A., M.A.A.A.
Fellow, Society of Actuaries
Member, American Academy of Actuaries

And

Karen I. Steffen, F.S.A., M.A.A.A.
Fellow, Society of Actuaries
Member, American Academy of Actuaries

May 25, 2007

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes.
Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.



Milliman

Los Angeles County Other Post Employment Benefits Program

July 1, 2006, Actuarial Valuation

Table of Contents

	Page
Letter of Transmittal	
I. EXECUTIVE SUMMARY	1
II. ACTUARIAL VALUATION AS OF JULY 1, 2006	4
A. Valuation Methodology	4
B. GASB Liabilities and Costs	5
Entry Age (EA) Cost Method	7
Projected Unit Credit (PUC) Cost Method	18
C. Estimated Pay-As-You-Go Costs	29
D. Impact of Alternative Trend Rates on AAL and ARC Values	32
III. APPENDICES	
Appendix A: Actuarial Procedures and Assumptions	A-1
Appendix B: Summary of Plan Provisions	B-1
Appendix C: Valuation Data and Schedules	C-1
Appendix D: Glossary	D-1
Appendix E: Medical Plan Comparisons	E-1
Appendix F: Firefighters Local 1014 Medical Plan	F-1
Appendix G: Dental and Vision Plan Description	G-1
Appendix H: Medicare Part B Reimbursement Plan Description	H-1

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes.
Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.



Milliman

Consultants and Actuaries

950 W. Bannock Street, Suite 510

Boise, ID 83702

Tel +1 208 342.3485

Fax +1 208 342.5667

www.milliman.com

May 25, 2007

Mr. Gregg Rademacher
Chief Executive Officer
LACERA
300 North Lake Avenue
Pasadena, CA 91101-4199

Re: July 1, 2006, Postemployment Benefits Actuarial Valuation

Dear Gregg:

As requested, we have prepared an actuarial valuation of the retiree medical, dental/vision, and life insurance benefits covering the retired Los Angeles County workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) pension plan.

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by Los Angeles County, LACERA and Mercer Health & Benefits. This information includes, but is not limited to; benefit descriptions, employee data, and financial information. In our examination of these data, we have found them to be reasonably consistent and comparable with data used for other purposes. In some cases, where the data was incomplete, we made assumptions as noted in Table C-11. Since the valuation results are dependent on the integrity of the data supplied, the results can be expected to differ if the underlying data is incomplete or missing or if our assumptions regarding incomplete data are incorrect. It should be noted that if any data or other information is inaccurate or incomplete, our calculations may need to be revised.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge and belief, this information is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with the principles prescribed by the Actuarial Standards Board and the Code of Professional Conduct and Qualification Standards for Public Statements of Actuarial Opinion of the American Academy of Actuaries.

We further certify that all costs, liabilities, rates of interest, and other factors under the Plans have been determined on the basis of actuarial assumptions and methods which are individually reasonable (taking into account the experience of the Plans and reasonable expectations) and which, in combination, offer our best estimate of anticipated experience affecting the plans. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions. The member's demographic assumptions used in this report were based on those developed for the LACERA pension benefit program. The economic assumptions were also modeled after the current LACERA pension assumptions.



The OPEB and health cost assumptions were based on discussions between Milliman as LACERA's actuary, Mercer as LACERA's health benefits consultant, Buck Consultants as Los Angeles County's actuary, and Rael & Letson, as the actuary for SEIU Local 721. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups. The assumptions are summarized in Appendix A.

Actuarial computations under GASB No. 43 and No. 45 are for purposes of fulfilling financial accounting requirements for LACERA and Los Angeles County (the employer) respectively. LACERA needs to report under GASB 43 since the benefits payments flow through LACERA's financial accounts. The calculations in the enclosed exhibits have been made on a basis consistent with our understanding of GASB No. 43 and No. 45. Determinations for purposes other than meeting these financial accounting requirements may be significantly different from the results contained in these exhibits. Accordingly, additional determinations may be needed for other purposes.

Any distribution of this report must be in its entirety including this cover letter, unless prior written consent from Milliman is obtained. Milliman's work product was prepared exclusively for LACERA under our contract with LACERA for a specific and limited purpose. It is a complex technical analysis that assumes a high level of knowledge concerning LACERA's operations, and uses LACERA's data and other data provided Milliman, which Milliman has not audited. It is not for the use or benefit of any third party for any purpose. Any third party recipient of Milliman's work product, including LA County, who desires professional guidance should not rely upon Milliman's work product, but should engage qualified professionals for advice appropriate to its own specific needs.

We would like to express our appreciation to LACERA staff members, Los Angeles County, and Mercer, who gave substantial assistance in supplying the data on which this report is based. We respectfully submit the following report, and we look forward to discussing it with you.

We, Robert L. Schmidt and Karen I. Steffen, are Consulting Actuaries for Milliman. We are members of the American Academy of Actuaries, Fellows of the Society of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Sincerely,

Robert L. Schmidt, F.S.A., M.A.A.A.
Consulting Actuary

Karen I. Steffen, F.S.A., M.A.A.A.
Consulting Actuary

RLS/mca

cc: Mr. Robert Hill (LACERA)
Mr. John Botsford (Milliman)

Los Angeles County Other Post Employment Benefits Program

July 1, 2006, Actuarial Valuation

I. Executive Summary

The Governmental Accounting Standards Board (GASB) issued Statement No. 43 in April of 2004. This statement covers Financial Reporting for Postemployment Benefit Plans Other than Pension Plans. GASB issued Statement No. 45 in June of 2004. This statement covers Accounting and Financial Reporting by Employers for Postemployment Benefits Other than Pensions. LACERA is required to adopt Statement No. 43 when preparing financial statements for periods beginning after December 15, 2005. For Los Angeles County, Statement No. 45 is effective for periods beginning after December 15, 2006.

This report was prepared for purposes of meeting these financial accounting and reporting disclosure requirements. The actual funding of the OPEB (Other Post Employment Benefits) may differ from the amounts used for accounting disclosure purposes. Under the GASB rules, if the employer is not prefunding the benefit obligations, then the assumed discount rate or investment return rate can not exceed the expected return on the employer's general ledger accounts. Since Los Angeles County has historically not been prefunding the OPEB benefits, this report used a 5% interest assumption and labeled this scenario as "Unfunded."

However, the County may decide to start prefunding the OPEB benefits. Depending on the level of funding commitment by the County, a higher interest rate may be used to discount the benefit obligations for accounting expense purposes. This report also calculated the obligations at a 7.75% interest assumption, reflecting an assumed prefunded OPEB plan, with assets invested similarly to the balanced portfolio used by LACERA for pension benefits. The prefunding or "Funded" scenario assumed a commitment to fund at least the full ARC (Annual Required Contribution) as determined on the 7.75% basis. Note this term, the ARC, is an accounting allocation amount, and may or may not reflect the actual employer contributions towards the OPEB benefits.

This report also used two different actuarial cost methods to allocate the financial cost to various time periods. The Entry Age Normal (EA) and the Projected Unit Credit (PUC) methods are the most common methods used, at least for pension funding. Under either cost method, the value of benefit obligations allocated as of the valuation date is called the Actuarial Accrued Liability (AAL). The results of these four different cost scenarios are shown below for the County and Superior Court members separately:

County Costs for OPEB Benefits¹ Summary of June 30, 2006 Valuation Results (all dollar amounts in billions)

Interest Rate Assumption:	LA County		Superior Court	
	5.00%	7.75%	5.00%	7.75%
Actuarial Accrued Liability (EA)	\$ 20.33	\$ 13.02	\$ 0.92	\$ 0.57
Actuarial Accrued Liability (PUC)	\$ 20.30	\$ 12.33	\$ 0.91	\$ 0.53

¹ Net of Retiree Paid Premiums

Total liabilities and costs measured as of July 1, 2006, for the retiree medical, dental/vision, and life insurance benefits covering the OPEB obligations to the Los Angeles County workers are summarized on Tables 1-E and 1-P. The following key results are included in these tables:

- Upon adoption of GASB Statements No. 43 and No. 45, we anticipate that one of the two cost methods, PUC or EA, will be chosen. These cost methods are further described in Appendix A.
- It should also be noted that the Medicare Part D employer subsidy is not reflected in the benefits studied for this valuation since GASB prohibits it.
- Results are shown on a funded and unfunded (pay-as-you-go) basis. If the County contributes an amount in between the unfunded and funded scenario requirements, the discount rate assumption would be in between the two calculated results. Thus, the liability and cost results would also vary accordingly.
- The total Present Value of Future Benefits (PVB) is included. The PVB is based on a projection of all benefits that will be received in the future for all current members; active, vested, and retired members, discounted to the valuation date.
- The Actuarial Accrued Liability (AAL) is also included. This amount represents the value of the liability that is accrued prior to the valuation date, according to the actuarial cost method used. The AAL is summarized by component on Tables 2-E and 3-E for the EA results and Tables 2-P and 3-P for the PUC results.
- The Annual Required Contribution (ARC) is also summarized. In the unfunded scenario, we assume that the contributions made by the County equal the benefit payments (a pay-as-you-go-funding approach), and thus a Net OPEB Obligation will accumulate in the future. In the funded scenario, we assume that the ARC is contributed, and thus no Net OPEB Obligation will occur. The components of the ARC are summarized on Tables 6-E and 7-E for the EA results and Tables 6-P and 7-P for the PUC results.
- The 2006-2007 expected benefit payments are included in summary form. They are broken down by benefit component on Table 8 and by group on Table 9. These expected payments are the same for the PUC and EA results.

The following charts summarize the key financial results of the valuation from the tables mentioned above. Results are shown separately for County members and Superior Court members. As shown, if the benefits are prefunded at the calculated ARC amount and the accumulated assets earn 7.75%, the County's ARC is approximately 65% of the ARC computed when only the benefit payments are made by the County under a pay-as-you-go-method.

The charts also indicate that at least for the costs for the fiscal year ending June 30, 2007, the actuarial cost method of Entry Age (EA) versus Projected Unit Credit (PUC) makes very little difference. Over time, the cost of these methods may differ depending on the demographic makeup of the group.

County Costs for OPEB Benefits¹
Summary of June 30, 2006 Valuation Results
(all dollar amounts in billions)

	LA County		Superior Court	
	5.00%	7.75%	5.00%	7.75%
Interest Rate Assumption:				
1. Present Value of Benefits	\$ 31.06	\$ 16.78	\$ 1.52	\$ 0.78
2. Present Value of Future Normal Costs	10.73	3.76	0.60	0.21
3. Actuarial Accrued Liability (1-2)	\$ 20.33	\$ 13.02	\$ 0.92	\$ 0.57
4. Assets	\$ -	\$ -	\$ -	\$ -
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 20.33	\$ 13.02	\$ 0.92	\$ 0.57
6. ARC ²	\$ 1.55	\$ 1.06	\$ 0.08	\$ 0.05
7. ARC expressed as a percentage of payroll				
Normal Cost	15.06%	6.89%	12.07%	5.59%
UAAL payment	16.10%	14.30%	11.16%	9.59%
Total	31.16%	21.19%	23.23%	15.18%

¹ Net of Retiree Paid Premiums

² Normal cost and 30 year amortization of the Unfunded Actuarial Accrued Liability (UAAL)

County Costs for OPEB Benefits¹
Summary of June 30, 2006 Valuation Results
(all dollar amounts in billions)

	LA County		Superior Court	
	5.00%	7.75%	5.00%	7.75%
Interest Rate Assumption:				
1. Present Value of Benefits	\$ 31.06	\$ 16.78	\$ 1.52	\$ 0.78
2. Present Value of Future Normal Costs	10.76	4.45	0.61	0.25
3. Actuarial Accrued Liability (1-2)	\$ 20.30	\$ 12.33	\$ 0.91	\$ 0.53
4. Assets	\$ -	\$ -	\$ -	\$ -
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 20.30	\$ 12.33	\$ 0.91	\$ 0.53
6. ARC ²	\$ 1.55	\$ 1.03	\$ 0.08	\$ 0.05
7. ARC expressed as a percentage of payroll				
Normal Cost	15.13%	7.13%	12.32%	5.81%
UAAL payment	16.07%	13.54%	11.09%	8.84%
Total	31.20%	20.67%	23.41%	14.65%

¹ Net of Retiree Paid Premiums

² Normal cost and 30 year amortization of the Unfunded Actuarial Accrued Liability (UAAL)

The numerical results in this report are divided into two sections. The first section (Tables 1-E - 7-E), presents the primary results using the Entry Age (EA) actuarial cost method. The second section (Tables 1-P - 7-P) presents the primary results using the Projected Unit Credit (PUC) actuarial cost method. Once a decision is made regarding which of the two cost methods to use, reports in future years will only contain results using one cost method.

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes.
Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

July 1, 2006, Actuarial Valuation

II. Actuarial Valuation as of July 1, 2006

A. Valuation Methodology

This is a valuation of the retiree medical, dental/vision, and life insurance benefits covering the retired Los Angeles County workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) pension plan.

In analyzing the GASB liabilities and ARC, we were asked to divide the results into the following member groups:

- LA County. This is the largest group, covering all LACERA members who are not Superior Court members.
- Superior Court. This group includes members of the Superior Court, as identified by LACERA staff. This group has the same eligibility for benefits and the same level of benefits as the LA County group.

Note that the division of members into these groups may need some refinement, since we did not have information to place retired members with only retiree life coverage into a group. Therefore, we treated these (approximately 7,400) members as LA County group members.

The actuarial assumptions and methods used in the valuation are summarized in Appendix A. The member's demographic assumptions were based on those developed for the LACERA pension benefit program. The economic assumptions were also modeled after the current LACERA pension assumptions. The OPEB and health cost assumptions were based on discussions between Milliman as LACERA's actuary, Mercer as LACERA's health benefits consultant, Buck Consultants as Los Angeles County's actuary, and Rael & Letson, as the actuary for SEIU Local 721. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups.

Comprehensive medical benefits, dental/vision benefits, and life insurance benefits are provided to all County employees, including the Superior Court members, who retire and satisfy the eligibility requirements outlined in Appendix B. Retired 1014 members are eligible for the Local 1014 Firefighters' retiree medical plan as outlined in Appendix F. Eligibility for the LA County post employment benefits is tied to benefit eligibility under the LACERA retirement plan. Thus, all employees receiving post employment benefits are also members in the retirement plan.

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes.
Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.



The active and deferred vested member census data for each of the OPEB employee groups is summarized by the LACERA retirement benefit plan levels in Appendix C. The retiree and dependent data for each health plan and benefit group is also summarized.

A glossary of terms is provided in Appendix D. Summaries of health benefits are provided in Appendices E, F, G, and H. The retiree life benefits do not have a separate summary beyond what is provided in Appendix B.

The tables in this report present the liabilities, ARC, and projected County benefit payments separately for each of the two groups identified above.

B. GASB Liabilities and Costs

GASB Statements No. 43 and No. 45 cover nonpension postretirement benefits. In summary, the statements hold that benefits should be recognized over the working lifetime of the employee, from the date of hire to the last date of employment.

The statements define two measures of plan liabilities, the Actuarial Present Value of Projected Total Benefits (PVB) and the Actuarial Accrued Liability (AAL).

The PVB is the present value of the future postemployment benefits payable by the County to current active members and retirees. This value is net of future retiree contributions. The PVB is shown in Tables 1-E and 1-P.

The AAL is the most important measure of liability because it is used to derive the Annual Required Contribution (ARC) and disclosure values. The AAL is the portion of the PVB attributed to periods up to the measurement date. For this report, the AAL is determined under two actuarial cost methods—the Entry Age (EA) and Projected Unit Credit (PUC) actuarial cost methods. These methods are described further in Appendix A. The AAL is shown in Tables 2-E and 3-E for the EA results and Tables 2-P and 3-P for the PUC results.

Under GASB requirements, post-employment benefits are earned during employment. This is why they are assumed to accrue from the date of hire to the date of termination or retirement. For current retirees and terminated vested members, the AAL is equal to the PVB. For active members, the AAL is based on the portion of the PVB that is allocated to prior years based on the actuarial cost method. For the EA method, the allocation basis is a level percentage of projected compensation between entry age and assumed exit. For the PUC method, the allocation basis is pro-rata on years of service between entry age and assumed exit.

The portion of the PVB that is anticipated to be earned in the year following the valuation date is the Normal Cost (NC). The NC is shown in Tables 4-E and 5-E for the EA results and Tables 4-P and 5-P for the PUC results.

The ARC is made up of two components: normal cost and amortization of the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is the AAL net of assets. For purposes of this valuation, the UAAL is amortized over 30 years as a level percentage of payroll. This method complies with GASB minimum amortization requirements. The amortization period is assumed to begin on the valuation date. The details of how the amortization period is calculated will be worked out once a cost method and funding strategy are developed by the County. Note this term, the ARC, is an accounting allocation amount, and may or may not reflect the actual employer contributions towards the OPEB benefits.

Tables 6-E and 7-E detail the ARC for the EA cost method as of July 1, 2006, the beginning of the 2006/2007 fiscal year. The PUC results for the ARC appear on Tables 6-P and 7-P.

Los Angeles County Other Post Employment Benefits Program

Table 1-E: July 1, 2006 Summary of County Paid Liabilities and Cost
(All Dollar Amounts in Millions)



	Unfunded	Funded
Discount Rate	5.00%	7.75%
Present Value of Future Benefits (PVB)		
Retiree Medical	\$ 27,575.8	\$ 14,856.9
Retiree Dental/Vision	1,033.1	629.5
Medicare Part B	3,789.4	1,958.3
Retiree Life Insurance	186.7	119.6
Total	\$ 32,585.0	\$ 17,564.3
Actuarial Accrued Liability (AAL)		
Retiree Medical	\$ 18,051.0	\$ 11,526.6
Retiree Dental/Vision	732.7	514.4
Medicare Part B	2,315.5	1,444.1
Retiree Life Insurance	154.6	108.2
Total	\$ 21,253.8	\$ 13,593.3
Annual Required Contribution (ARC)		
Estimated Dollars as of July 1, 2006	\$ 1,627.8	\$ 1,105.0
Percentage of Valuation Payroll	30.67%	20.82%
2006-2007 Expected Benefit Payments	\$ 347.6	\$ 347.6

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 2-E: July 1, 2006 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Medical Benefits
(All Dollar Amounts in Millions)



	LA County	Superior Court	Total
1. AAL - Total Medical Benefits			
Retirees	\$ 8,744.6	\$ 292.7	\$ 9,037.3
Deferred Vesteds	1,066.3	86.0	1,152.3
Actives	9,011.1	472.0	9,483.1
Total	\$ 18,822.0	\$ 850.7	\$ 19,672.7
2. AAL - Retiree Paid Medical Premiums			
Retirees	\$ 849.5	\$ 28.4	\$ 877.9
Deferred Vesteds	457.0	36.9	493.9
Actives	237.3	12.6	249.9
Total	\$ 1,543.8	\$ 77.9	\$ 1,621.7
3. AAL - County Paid Medical Benefits (1) - (2)			
Retirees	\$ 7,895.1	\$ 264.3	\$ 8,159.4
Deferred Vesteds	609.3	49.1	658.4
Actives	8,773.8	459.4	9,233.2
Total	\$ 17,278.2	\$ 772.8	\$ 18,051.0

Los Angeles County Other Post Employment Benefits Program

Table 2-E (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Dental and Vision Benefits
(All Dollar Amounts in Millions)



	LA County	Superior Court	Total
4. AAL - Total Dental & Vision Benefits			
Retirees	\$ 399.3	\$ 13.6	\$ 412.9
Deferred Vesteds	40.6	3.1	43.7
Actives	331.9	18.2	350.1
Total	\$ 771.8	\$ 34.9	\$ 806.7
5. AAL - Retiree Paid Dental & Vision Premiums			
Retirees	\$ 44.6	\$ 1.6	\$ 46.2
Deferred Vesteds	17.2	1.3	18.5
Actives	8.8	0.5	9.3
Total	\$ 70.6	\$ 3.4	\$ 74.0
6. AAL - County Paid Dental & Vision Benefits (1) - (2)			
Retirees	\$ 354.7	\$ 12.0	\$ 366.7
Deferred Vesteds	23.4	1.8	25.2
Actives	323.1	17.7	340.8
Total	\$ 701.2	\$ 31.5	\$ 732.7

Los Angeles County Other Post Employment Benefits Program

**Table 2-E (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Medicare Part B and Retiree Life Insurance
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
7. AAL - County Paid Medicare Part B Premiums			
Retirees	\$ 835.1	\$ 29.1	\$ 864.2
Deferred Vesteds	212.9	15.6	228.5
Actives	1,157.8	65.0	1,222.8
Total	\$ 2,205.8	\$ 109.7	\$ 2,315.5
8. AAL - County Paid Retiree Life			
Retirees	\$ 105.5	\$ 3.1	\$ 108.6
Deferred Vesteds	6.8	0.4	7.2
Actives	36.8	2.0	38.8
Total	\$ 149.1	\$ 5.5	\$ 154.6
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)			
Retirees	\$ 9,190.4	\$ 308.5	\$ 9,498.9
Deferred Vesteds	852.4	66.9	919.3
Actives	10,291.5	544.1	10,835.6
Total	\$ 20,334.3	\$ 919.5	\$ 21,253.8

Los Angeles County Other Post Employment Benefits Program

**Table 3-E: July 1, 2006 Actuarial Accrued Liability (AAL) at Funded Rate (7.75%)
Retiree Medical Benefits
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
1. AAL - Total Medical Benefits			
Retirees	\$ 6,133.2	\$ 206.6	\$ 6,339.8
Deferred Vesteds	599.2	45.4	644.6
Actives	5,368.5	278.6	5,647.1
Total	\$ 12,100.9	\$ 530.6	\$ 12,631.5
2. AAL - Retiree Paid Medical Premiums			
Retirees	\$ 589.0	\$ 20.1	\$ 609.1
Deferred Vesteds	247.5	18.9	266.4
Actives	217.4	12.0	229.4
Total	\$ 1,053.9	\$ 51.0	\$ 1,104.9
3. AAL - County Paid Medical Benefits (1) - (2)			
Retirees	\$ 5,544.2	\$ 186.5	\$ 5,730.7
Deferred Vesteds	351.7	26.5	378.2
Actives	5,151.1	266.6	5,417.7
Total	\$ 11,047.0	\$ 479.6	\$ 11,526.6

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

**Table 3-E (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Funded Rate (7.75%)
Retiree Dental and Vision Benefits
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
4. AAL - Total Dental & Vision Benefits			
Retirees	\$ 306.2	\$ 10.5	\$ 316.7
Deferred Vesteds	24.9	1.8	26.7
Actives	214.6	11.6	226.2
Total	\$ 545.7	\$ 23.9	\$ 569.6
5. AAL - Retiree Paid Dental & Vision Premiums			
Retirees	\$ 34.0	\$ 1.2	\$ 35.2
Deferred Vesteds	10.1	0.7	10.8
Actives	8.7	0.5	9.2
Total	\$ 52.8	\$ 2.4	\$ 55.2
6. AAL - County Paid Dental & Vision Benefits (1) - (2)			
Retirees	\$ 272.2	\$ 9.3	\$ 281.5
Deferred Vesteds	14.8	1.1	15.9
Actives	205.9	11.1	217.0
Total	\$ 492.9	\$ 21.5	\$ 514.4

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

**Table 3-E (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Funded Rate (7.75%)
Medicare Part B and Retiree Life Insurance
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
7. AAL - County Paid Medicare Part B Premiums			
Retirees	\$ 596.4	\$ 20.9	\$ 617.3
Deferred Vesteds	105.3	7.2	112.5
Actives	676.4	37.9	714.3
Total	\$ 1,378.1	\$ 66.0	\$ 1,444.1
8. AAL - County Paid Retiree Life			
Retirees	\$ 79.6	\$ 2.3	\$ 81.9
Deferred Vesteds	3.4	0.2	3.6
Actives	21.5	1.2	22.7
Total	\$ 104.5	\$ 3.7	\$ 108.2
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)			
Retirees	\$ 6,492.4	\$ 219.0	\$ 6,711.4
Deferred Vesteds	475.2	35.0	510.2
Actives	6,054.9	316.8	6,371.7
Total	\$ 13,022.5	\$ 570.8	\$ 13,593.3

Los Angeles County Other Post Employment Benefits Program

Table 4-E: July 1, 2006 Normal Cost at Unfunded Rate (5.00%)
(All Dollar Amounts in Millions)

	LA County	Superior Court	Total
1. Total Medical Benefits	\$ 729.0	\$ 37.6	\$ 766.6
2. Retiree Paid Medical Premiums	103.6	5.4	109.0
3. Net County Paid Medical Benefits (1) - (2)	\$ 625.4	\$ 32.2	\$ 657.6
4. Total Dental/Vision Benefits	\$ 25.4	\$ 1.3	\$ 26.7
5. Retiree Paid Dental/Vision Premiums	4.1	0.2	4.3
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 21.3	\$ 1.1	\$ 22.4
7. County Paid Medicare Part B Premiums	\$ 100.6	\$ 5.8	\$ 106.4
8. County Paid Retiree Life	\$ 2.8	\$ 0.2	\$ 3.0
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 750.1	\$ 39.3	\$ 789.4
10. Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
11. County Normal Cost as a Percentage of Payroll	15.06%	12.07%	14.87%

Los Angeles County Other Post Employment Benefits Program

Table 5-E: July 1, 2006 Normal Cost at Funded Rate (7.75%)
(All Dollar Amounts in Millions)



	LA County	Superior Court	Total
1. Total Medical Benefits	\$ 341.3	\$ 17.8	\$ 359.1
2. Retiree Paid Medical Premiums	56.1	3.0	59.1
3. Net County Paid Medical Benefits (1) - (2)	\$ 285.2	\$ 14.8	\$ 300.0
4. Total Dental/Vision Benefits	\$ 13.1	\$ 0.7	\$ 13.8
5. Retiree Paid Dental/Vision Premiums	2.4	0.1	2.5
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 10.7	\$ 0.6	\$ 11.3
7. County Paid Medicare Part B Premiums	\$ 46.0	\$ 2.7	\$ 48.7
8. County Paid Retiree Life	\$ 1.2	\$ 0.1	\$ 1.3
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 343.1	\$ 18.2	\$ 361.3
10. Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
11. County Normal Cost as a Percentage of Payroll	6.89%	5.59%	6.81%

Los Angeles County Other Post Employment Benefits Program

**Table 6-E: 2006-2007 Annual Required Contribution (ARC) at Unfunded Rate (5.00%)
(All Dollar Amounts in Millions)**

	<div></div>		
	LA County	Superior Court	Total
1. Unfunded Actuarial Accrued Liability (UAAL)			
Present Value of Benefits (PVB)	\$ 31,062.3	\$ 1,522.7	\$ 32,585.0
Present Value of Future Normal Cost (PVFNC)	10,728.0	603.2	11,331.2
Actuarial Accrued Liability as of 7/1/2006	\$ 20,334.3	\$ 919.5	\$ 21,253.8
Fund Balance at 7/1/2006	-	-	-
Unfunded Actuarial Accrued Liability	\$ 20,334.3	\$ 919.5	\$ 21,253.8
2. Amortization of UAAL (Level % of Pay)			
Amortization Period (years)	30	30	30
UAAL Amortization Payment	\$ 802.1	\$ 36.3	\$ 838.4
3. 2006 - 2007 Annual Required Contribution (ARC) on July 1, 2006			
Amortization of UAAL	\$ 802.1	\$ 36.3	\$ 838.4
Normal Cost	750.1	39.3	789.4
Annual Required Contribution (ARC) (As of July 1, 2006)	\$ 1,552.2	\$ 75.6	\$ 1,627.8
4. July 1, 2006 Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
5. Estimated ARC as a Percentage of Valuation Payroll	31.16%	23.23%	30.67%

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 7-E: 2006-2007 Annual Required Contribution (ARC) at Funded Rate (7.75%)
(All Dollar Amounts in Millions)

	LA County	Superior Court	Total
1. Unfunded Actuarial Accrued Liability (UAAL)			
Present Value of Benefits (PVB)	\$ 16,784.9	\$ 779.4	\$ 17,564.3
Present Value of Future Normal Cost (PVFNC)	3,762.4	208.6	3,971.0
Actuarial Accrued Liability as of 7/1/2006	\$ 13,022.5	\$ 570.8	\$ 13,593.3
Fund Balance at 7/1/2006	-	-	-
Unfunded Actuarial Accrued Liability	\$ 13,022.5	\$ 570.8	\$ 13,593.3
2. Amortization of UAAL (Level % of Pay)			
Amortization Period (years)	30	30	30
UAAL Amortization Payment	\$ 712.5	\$ 31.2	\$ 743.7
3. 2006 - 2007 Annual Required Contribution (ARC) on July 1, 2006			
Amortization of UAAL	\$ 712.5	\$ 31.2	\$ 743.7
Normal Cost	343.1	18.2	361.3
Annual Required Contribution (ARC) (As of July 1, 2006)	\$ 1,055.6	\$ 49.4	\$ 1,105.0
4. July 1, 2006 Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
5. Estimated ARC as a Percentage of Valuation Payroll	21.19%	15.18%	20.82%

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 1-P: July 1, 2006 Summary of County Paid Liabilities and Cost
(All Dollar Amounts in Millions)



	Unfunded	Funded
Discount Rate	5.00%	7.75%
Present Value of Future Benefits (PVB)		
Retiree Medical	\$ 27,575.8	\$ 14,856.9
Retiree Dental/Vision	1,033.1	629.5
Medicare Part B	3,789.4	1,958.3
Retiree Life Insurance	186.7	119.6
Total	\$ 32,585.0	\$ 17,564.3
Actuarial Accrued Liability (AAL)		
Retiree Medical	\$ 17,941.5	\$ 10,873.6
Retiree Dental/Vision	729.8	491.5
Medicare Part B	2,387.9	1,385.3
Retiree Life Insurance	156.6	106.8
Total	\$ 21,215.8	\$ 12,857.2
Annual Required Contribution (ARC)		
Estimated Dollars as of July 1, 2006	\$ 1,630.7	\$ 1,077.2
Percentage of Valuation Payroll	30.73%	20.30%
2006-2007 Expected Benefit Payments	\$ 347.6	\$ 347.6

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes.
Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 2-P: July 1, 2006 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Medical Benefits
(All Dollar Amounts in Millions)



	LA County	Superior Court	Total
1. AAL - Total Medical Benefits			
Retirees	\$ 8,744.6	\$ 292.7	\$ 9,037.3
Deferred Vesteds	1,066.3	86.0	1,152.3
Actives	9,426.1	491.3	9,917.4
Total	\$ 19,237.0	\$ 870.0	\$ 20,107.0
2. AAL - Retiree Paid Medical Premiums			
Retirees	\$ 849.5	\$ 28.4	\$ 877.9
Deferred Vesteds	457.0	36.9	493.9
Actives	753.2	40.5	793.7
Total	\$ 2,059.7	\$ 105.8	\$ 2,165.5
3. AAL - County Paid Medical Benefits (1) - (2)			
Retirees	\$ 7,895.1	\$ 264.3	\$ 8,159.4
Deferred Vesteds	609.3	49.1	658.4
Actives	8,672.9	450.8	9,123.7
Total	\$ 17,177.3	\$ 764.2	\$ 17,941.5

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 2-P (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Dental and Vision Benefits
(All Dollar Amounts in Millions)



	LA County	Superior Court	Total
4. AAL - Total Dental & Vision Benefits			
Retirees	\$ 399.3	\$ 13.6	\$ 412.9
Deferred Vesteds	40.6	3.1	43.7
Actives	348.9	18.8	367.7
Total	\$ 788.8	\$ 35.5	\$ 824.3
5. AAL - Retiree Paid Dental & Vision Premiums			
Retirees	\$ 44.6	\$ 1.6	\$ 46.2
Deferred Vesteds	17.2	1.3	18.5
Actives	28.3	1.5	29.8
Total	\$ 90.1	\$ 4.4	\$ 94.5
6. AAL - County Paid Dental & Vision Benefits (1) - (2)			
Retirees	\$ 354.7	\$ 12.0	\$ 366.7
Deferred Vesteds	23.4	1.8	25.2
Actives	320.6	17.3	337.9
Total	\$ 698.7	\$ 31.1	\$ 729.8

Los Angeles County Other Post Employment Benefits Program

**Table 2-P (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Medicare Part B and Retiree Life Insurance
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
7. AAL - County Paid Medicare Part B Premiums			
Retirees	\$ 835.1	\$ 29.1	\$ 864.2
Deferred Vesteds	212.9	15.6	228.5
Actives	1,226.8	68.4	1,295.2
Total	\$ 2,274.8	\$ 113.1	\$ 2,387.9
8. AAL - County Paid Retiree Life			
Retirees	\$ 105.5	\$ 3.1	\$ 108.6
Deferred Vesteds	6.8	0.4	7.2
Actives	38.7	2.1	40.8
Total	\$ 151.0	\$ 5.6	\$ 156.6
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)			
Retirees	\$ 9,190.4	\$ 308.5	\$ 9,498.9
Deferred Vesteds	852.4	66.9	919.3
Actives	10,259.0	538.6	10,797.6
Total	\$ 20,301.8	\$ 914.0	\$ 21,215.8

Los Angeles County Other Post Employment Benefits Program

**Table 3-P: July 1, 2006 Actuarial Accrued Liability (AAL) at Funded Rate (7.75%)
Retiree Medical Benefits
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
1. AAL - Total Medical Benefits			
Retirees	\$ 6,133.2	\$ 206.6	\$ 6,339.8
Deferred Vesteds	599.2	45.4	644.6
Actives	4,935.7	249.9	5,185.6
Total	\$ 11,668.1	\$ 501.9	\$ 12,170.0
2. AAL - Retiree Paid Medical Premiums			
Retirees	\$ 589.0	\$ 20.1	\$ 609.1
Deferred Vesteds	247.5	18.9	266.4
Actives	399.7	21.2	420.9
Total	\$ 1,236.2	\$ 60.2	\$ 1,296.4
3. AAL - County Paid Medical Benefits (1) - (2)			
Retirees	\$ 5,544.2	\$ 186.5	\$ 5,730.7
Deferred Vesteds	351.7	26.5	378.2
Actives	4,536.0	228.7	4,764.7
Total	\$ 10,431.9	\$ 441.7	\$ 10,873.6

Los Angeles County Other Post Employment Benefits Program

**Table 3-P (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Funded Rate (7.75%)
Retiree Dental and Vision Benefits
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
4. AAL - Total Dental & Vision Benefits			
Retirees	\$ 306.2	\$ 10.5	\$ 316.7
Deferred Vesteds	24.9	1.8	26.7
Actives	201.5	10.5	212.0
Total	\$ 532.6	\$ 22.8	\$ 555.4
5. AAL - Retiree Paid Dental & Vision Premiums			
Retirees	\$ 34.0	\$ 1.2	\$ 35.2
Deferred Vesteds	10.1	0.7	10.8
Actives	17.0	0.9	17.9
Total	\$ 61.1	\$ 2.8	\$ 63.9
6. AAL - County Paid Dental & Vision Benefits (1) - (2)			
Retirees	\$ 272.2	\$ 9.3	\$ 281.5
Deferred Vesteds	14.8	1.1	15.9
Actives	184.5	9.6	194.1
Total	\$ 471.5	\$ 20.0	\$ 491.5

Los Angeles County Other Post Employment Benefits Program

**Table 3-P (Cont): July 1, 2006 Actuarial Accrued Liability (AAL) at Funded Rate (7.75%)
Medicare Part B and Retiree Life Insurance
(All Dollar Amounts in Millions)**



	LA County	Superior Court	Total
7. AAL - County Paid Medicare Part B Premiums			
Retirees	\$ 596.4	\$ 20.9	\$ 617.3
Deferred Vesteds	105.3	7.2	112.5
Actives	621.7	33.8	655.5
Total	\$ 1,323.4	\$ 61.9	\$ 1,385.3
8. AAL - County Paid Retiree Life			
Retirees	\$ 79.6	\$ 2.3	\$ 81.9
Deferred Vesteds	3.4	0.2	3.6
Actives	20.2	1.1	21.3
Total	\$ 103.2	\$ 3.6	\$ 106.8
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)			
Retirees	\$ 6,492.4	\$ 219.0	\$ 6,711.4
Deferred Vesteds	475.2	35.0	510.2
Actives	5,362.4	273.2	5,635.6
Total	\$ 12,330.0	\$ 527.2	\$ 12,857.2

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 4-P: July 1, 2006 Normal Cost at Unfunded Rate (5.00%)
(All Dollar Amounts in Millions)

	LA County	Superior Court	Total
1. Total Medical Benefits	\$ 733.5	\$ 38.6	\$ 772.1
2. Retiree Paid Medical Premiums	104.8	5.7	110.5
3. Net County Paid Medical Benefits (1) - (2)	\$ 628.7	\$ 32.9	\$ 661.6
4. Total Dental/Vision Benefits	\$ 25.1	\$ 1.3	\$ 26.4
5. Retiree Paid Dental/Vision Premiums	3.7	0.2	3.9
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 21.4	\$ 1.1	\$ 22.5
7. County Paid Medicare Part B Premiums	\$ 101.0	\$ 5.9	\$ 106.9
8. County Paid Retiree Life	\$ 2.6	\$ 0.2	\$ 2.8
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 753.7	\$ 40.1	\$ 793.8
10. Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
11. County Normal Cost as a Percentage of Payroll	15.13%	12.32%	14.96%

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 5-P: July 1, 2006 Normal Cost at Funded Rate (7.75%)
(All Dollar Amounts in Millions)

	LA County	Superior Court	Total
1. Total Medical Benefits	\$ 348.2	\$ 18.3	\$ 366.5
2. Retiree Paid Medical Premiums	51.9	2.9	54.8
3. Net County Paid Medical Benefits (1) - (2)	\$ 296.3	\$ 15.4	\$ 311.7
4. Total Dental/Vision Benefits	\$ 13.2	\$ 0.8	\$ 14.0
5. Retiree Paid Dental/Vision Premiums	2.1	0.1	2.2
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 11.1	\$ 0.7	\$ 11.8
7. County Paid Medicare Part B Premiums	\$ 46.4	\$ 2.7	\$ 49.1
8. County Paid Retiree Life	\$ 1.2	\$ 0.1	\$ 1.3
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 355.0	\$ 18.9	\$ 373.9
10. Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
11. County Normal Cost as a Percentage of Payroll	7.13%	5.81%	7.05%

Los Angeles County Other Post Employment Benefits Program

Table 6-P: 2006-2007 Annual Required Contribution (ARC) at Unfunded Rate (5.00%)
(All Dollar Amounts in Millions)

	LA County	Superior Court	Total
1. Unfunded Actuarial Accrued Liability (UAAL)			
Present Value of Benefits (PVB)	\$ 31,062.3	\$ 1,522.7	\$ 32,585.0
Present Value of Future Normal Cost (PVFNC)	10,760.5	608.7	11,369.2
Actuarial Accrued Liability as of 7/1/2006	\$ 20,301.8	\$ 914.0	\$ 21,215.8
Fund Balance at 7/1/2006	-	-	-
Unfunded Actuarial Accrued Liability	\$ 20,301.8	\$ 914.0	\$ 21,215.8
2. Amortization of UAAL (Level % of Pay)			
Amortization Period (years)	30	30	30
UAAL Amortization Payment	\$ 800.8	\$ 36.1	\$ 836.9
3. 2006 - 2007 Annual Required Contribution (ARC) on July 1, 2006			
Amortization of UAAL	\$ 800.8	\$ 36.1	\$ 836.9
Normal Cost	753.7	40.1	793.8
Annual Required Contribution (ARC) (As of July 1, 2006)	\$ 1,554.5	\$ 76.2	\$ 1,630.7
4. July 1, 2006 Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
5. Estimated ARC as a Percentage of Valuation Payroll	31.20%	23.41%	30.73%

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 7-P: 2006-2007 Annual Required Contribution (ARC) at Funded Rate (7.75%)
(All Dollar Amounts in Millions)

	<div></div>		
	LA County	Superior Court	Total
1. Unfunded Actuarial Accrued Liability (UAAL)			
Present Value of Benefits (PVB)	\$ 16,784.9	\$ 779.4	\$ 17,564.3
Present Value of Future Normal Cost (PVFNC)	4,454.9	252.2	4,707.1
Actuarial Accrued Liability as of 7/1/2006	\$ 12,330.0	\$ 527.2	\$ 12,857.2
Fund Balance at 7/1/2006	-	-	-
Unfunded Actuarial Accrued Liability	\$ 12,330.0	\$ 527.2	\$ 12,857.2
2. Amortization of UAAL (Level % of Pay)			
Amortization Period (years)	30	30	30
UAAL Amortization Payment	\$ 674.5	\$ 28.8	\$ 703.3
3. 2006 - 2007 Annual Required Contribution (ARC) on July 1, 2006			
Amortization of UAAL	\$ 674.5	\$ 28.8	\$ 703.3
Normal Cost	355.0	18.9	373.9
Annual Required Contribution (ARC) (As of July 1, 2006)	\$ 1,029.5	\$ 47.7	\$ 1,077.2
4. July 1, 2006 Valuation Payroll	\$ 4,981.7	\$ 325.5	\$ 5,307.2
5. Estimated ARC as a Percentage of Valuation Payroll	20.67%	14.65%	20.30%

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

C. Estimated Pay-As-You-Go Costs

Tables 8 and 9 project the estimated annual County postretirement benefit pay-as-you-go costs, net of expected retiree paid premiums for ten years.

Table 8 shows the total projected pay-as-you-go costs separately for medical, dental/vision, Medicare Part B, and retiree life insurance claims. The medical and dental/vision retiree contributions are also summarized. Finally, the net County paid benefits are shown, which are the total projected pay-as-you-go costs minus the retiree contributions.

Table 9 summarizes the projected net County paid benefit costs for each of the two valuation groups. The total amounts are the same as those in Table 8.

The projected pay-as-you-go costs are the same under both the Entry Age and Projected Unit Credit cost methods.



Los Angeles County Other Post Employment Benefits Program

**Table 8: Projected County Paid Benefits by Type
(All Dollar Amounts in Millions)**

Fiscal Year Ending	Medical Total	Dental / Vision Total	Medicare Part B	Life Insurance	Medical Retiree Contribution	Dental / Vision Retiree Contribution	Total County Paid Benefits
6/30/2007	\$ 321.0	\$ 28.1	\$ 28.2	\$ 6.4	\$ (32.8)	\$ (3.3)	\$ 347.6
6/30/2008	367.8	31.7	33.8	6.6	(38.2)	(3.7)	398.0
6/30/2009	423.1	33.3	39.3	6.8	(44.5)	(4.0)	454.0
6/30/2010	487.2	35.2	45.6	7.1	(51.9)	(4.2)	519.0
6/30/2011	558.9	37.2	52.7	7.4	(60.5)	(4.5)	591.2
6/30/2012	631.1	39.2	61.0	7.6	(69.2)	(4.8)	664.9
6/30/2013	712.3	41.4	70.4	7.9	(79.0)	(5.1)	747.9
6/30/2014	798.0	43.6	80.3	8.1	(89.1)	(5.4)	835.5
6/30/2015	882.9	45.8	90.4	8.4	(99.1)	(5.7)	922.7
6/30/2016	963.0	48.3	100.8	8.6	(108.5)	(6.0)	1,006.2

Projection Basis:

All Assumptions are met

No future members are reflected

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table 9: Projected County Paid Benefits by Group
(All Dollar Amounts in Millions)

Fiscal Year Ending	LA County	Superior Court	Total
6/30/2007	\$ 336.3	\$ 11.3	\$ 347.6
6/30/2008	384.9	13.1	398.0
6/30/2009	438.8	15.2	454.0
6/30/2010	501.3	17.7	519.0
6/30/2011	570.8	20.4	591.2
6/30/2012	641.6	23.3	664.9
6/30/2013	721.4	26.5	747.9
6/30/2014	805.5	30.0	835.5
6/30/2015	889.0	33.7	922.7
6/30/2016	968.8	37.4	1,006.2

Projection Basis:

All Assumptions are met
No future members are reflected

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

D. Impact of Alternative Trend Rates on AAL and ARC Values

To analyze the sensitivity of the health cost trend rate, the chart below shows the impact of a 1% increase or decrease in the assumed medical inflation rate on the GASB values. Results are shown on an ARC funding basis (7.25%) and a pay-as-you-go basis (5.00%), for all OPEB benefits. The retiree life benefits are included, but they are unaffected by the medical trend rate.

The results are provided under the Projected Unit Credit actuarial cost method. A similar relationship would apply for the Entry Age actuarial cost method.

Projected Unit Credit Actuarial Cost Method			
	Valuation Medical Inflation Rates	Valuation Medical Inflation Rates Plus 1%	Valuation Medical Inflation Rates Minus 1%
(in millions)			
Unfunded (5.00%)			
July 1, 2006, AAL (Percentage Increase/(Decrease))	\$21,215.8	\$ 25,882.7 22%	\$ 17,627.1 (17%)
2006 – 2007 ARC (Percentage Increase/(Decrease))	\$ 1,630.7	\$ 2,085.5 28%	\$ 1,295.3 (21%)
Funded (7.75%)			
July 1, 2006, AAL (Percentage Increase/(Decrease))	\$12,857.2	\$ 15,091.9 17%	\$ 11,072.5 (14%)
2006 – 2007 ARC (Percentage Increase/(Decrease))	\$ 1,077.2	\$ 1,306.4 21%	\$ 900.6 (16%)

This work product was prepared solely to provide assistance to LACERA. It may not be appropriate to use for other purposes.
Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Appendix A: Actuarial Procedures and Assumptions



The actuarial procedures and assumptions used in this valuation are described in this section. Where applicable, the same assumptions are used for the LACERA post retirement health and death benefit plans as for the LACERA pension plans. The assumptions that overlap with the LACERA pension plans were reviewed and changed June 30, 2004, as a result of the 2004 triennial Investigation of Experience Study.

The actuarial assumptions used in the valuations are intended to estimate the future experience of the members of LACERA and of LACERA itself in areas that affect the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of LACERA's benefits.

Table A-1 summarizes the assumptions. The mortality rates are taken from the sources listed.

Tables A-2 and A-3 shows how members are expected to leave retired status due to death.

Table A-4 presents the probability of refund of pension contributions upon termination of employment while vested.

Table A-5 presents the expected annual percentage increase in salaries.

Tables A-6 to A-13 present the rates of separation of active service. These were developed from the experience as measured by the 2004 Investigation of Experience Study. The rates are the probabilities a member will leave the system for various reasons.

Tables A-14 to A-19 present enrollment assumptions. These were developed from the experience of the LACERA retirees in the year ended June 30, 2006, to determine health eligibility and enrollment.

Tables A-20 to A-21 present premium and claim cost assumptions. These were developed from LACERA premium and claim information.

**Actuarial Cost
Method**

The actuarial valuation is prepared under two different methods, the Entry Age (EA) and Projected Unit Credit (PUC) actuarial cost methods. Under the principles of the EA method, the actuarial present value of the projected benefits of each individual included in the valuation is allocated as a level percentage of the individual's projected compensation between entry age and assumed exit. Under the principles of the PUC method, the actuarial present value of the projected benefits of each individual included in the valuation is allocated pro-rata to each year of service between entry age and assumed exit.

For members who transferred between plans, entry age is based on original entry into the system.

The portion of this actuarial present value allocated to a valuation year is called the normal cost. The portion of this actuarial present value not provided for at a valuation date by the sum of (a) the actuarial value of the assets (if the benefits are funded), and (b) the actuarial present value of future normal costs is called the Unfunded Actuarial Accrued Liability (UAAL). The UAAL (or Surplus Funding) is amortized as a level percentage of the projected salaries of the active members, both present and future, covered by the LACERA retirement benefit plan over a 30-year period from the valuation date; this is commonly referred to as a "rolling 30 year amortization method".

Records and Data

The data used in this valuation consist of medical, dental, and vision premiums, financial information and the age, service, and income records for active and inactive members and their survivors. All of the data were supplied by LACERA and are accepted for valuation purposes without audit.

**Growth in
Membership**

For benefit valuation purposes, no growth in the active membership of LACERA is assumed. For funding purposes, if amortization is required, the total payroll of covered members is assumed to grow due to the combined effects of future wage increases of current active members and the replacement of the current active members by new employees. No growth in the total number of active members is assumed.

**Investment
Earnings and
Expenses**

If the post retirement health and death benefits are funded and the assets are invested in the same manner as the LACERA pension fund, the future investment earnings of the fund are assumed to accrue at an annual rate of 7.75% compounded annually, net of both investment and administrative expenses. This is also the discount rate used to calculate the present value of future benefit payments.

If the plan is not funded, GASB 45 requires that the discount rate for OPEB benefits be equal to the expected return on assets used to pay ongoing benefits. In this case, it would be the expected return on the County's general funds. For purposes of this valuation we have assumed this rate is 5.00%.

Health Cost Trend

The rates of the Health cost trends for the purposes of the valuation are illustrated in Table A-22.

Future Salaries

The rates of annual salary increase assumed for the purpose of the valuation are illustrated in Table A-5. In addition to increases in salary due to promotions and longevity, this scale includes an assumed 3.75% per annum rate of increase in the general wage level of the membership. These rates were adopted June 30, 2004.

Effective June 30, 2000, increases are assumed to occur mid-year (i.e., January 1) and only apply to base salary, excluding megaflex compensation. The mid-year timing reflects that salary increases occur throughout the year, or on average mid-year.

Retirement

After members attain age 50 (55 for Plan E members) and have ten years of service, they may retire with a benefit commencing immediately. All members, except Plan E members, may also retire regardless of age after 20 years of service for safety members and after 30 years of service for general members. The retirement rates vary by age and are shown by plan in Tables A-6 through A-13.

All general members who attain or who have attained age 75 in active service and all safety members who have attained age 60 in active service are assumed to retire immediately.

All deferred vested members are assumed to retire according to Table A-23.

The assumptions regarding termination of employment, early retirement, and unreduced service retirement are treated as a single set of decrements in regards to a particular member. For example, a general member hired at age 30 has a probability to withdraw from LACERA due to death, disability or *other termination of employment* until age 50. After age 50, the member could still withdraw due to death, disability or *retirement*. Thus, in no year during the member's projected employment would they be eligible for both a probability of other termination of employment and a probability of retirement.

The active member's retirement probabilities were adopted June 30, 2004. The term vested member's retirement probabilities were adopted June 30, 2006, for OPEB only.

Disablement

The rates of disablement used in the valuation are also illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2004.

Mortality – Other Than Disabled Members

The same post-retirement mortality rates are used in the valuation for active members, members retired for service, and beneficiaries. These rates are illustrated in Table A-2. Beneficiary mortality is assumed to be the same assumption as healthy members. Beneficiaries are assumed to be of the opposite sex, and have the same mortality as General members. These rates were adopted June 30, 2004.

Males General members: RP-2000 Combined Mortality Table for Males, with ages set back two years.
Safety members: RP-2000 Combined Mortality Table for Males, with ages set back three years.

Females General members: RP-2000 Combined Mortality Table for Females, with ages set back two years.
Safety members: RP-2000 Combined Mortality Table for Females, with ages set back two years.

**Mortality – Disabled
Members**

For disabled members, the mortality rates used in the valuation rates are illustrated in Table A-3. These rates were adopted June 30, 2001.

<i>Males</i>	General members: RP-2000 Combined Mortality Table for Males, with ages set forward three years.
	Safety members: RP-2000 Combined Mortality Table for Males, with no age adjustment.
<i>Females</i>	General members: RP-2000 Combined Mortality Table for Females with ages set forward one year.
	Safety members: RP-2000 Combined Mortality Table for Females with ages set forward three years.

**Other Employment
Terminations**

Tables A-6 to A-13 show, for all ages, the rates assumed in this valuation for future termination from active service other than for death, disability or retirement. These rates do not apply to members eligible for service retirement. These rates were adopted June 30, 2004.

Terminating employees may withdraw their contributions immediately upon termination of employment and forfeit the right to further retirement medical and dental/vision benefits, or they may leave their contributions with LACERA. Former contributing members whose contributions are on deposit may later elect to receive a refund, may return to work or may remain inactive until becoming eligible to receive a retirement benefit under either LACERA or a reciprocal retirement system. All terminating members who are not eligible for vested benefits are assumed to withdraw their contributions immediately.

All terminating members are assumed to not be rehired. Table A-4 gives the assumed probabilities that vested members will withdraw their contributions and elect a refund immediately upon termination and the probability the remaining members will elect a deferred vested benefit. All non-vested members are assumed to elect a refund and withdraw their contributions. These rates were adopted June 30, 2004.

**Retiree Medical and
Dental/Vision
Eligibility and
Enrollment
Assumptions**

Any retiree or vested terms that have not yet elected a refund of their member contributions and will receive a pension benefit other than a refund are eligible for retiree medical and dental/vision enrollment.

Though a few active members may change pension plans, this valuation will assume the active members remain in the plan they are enrolled in at the time of the valuation. Specifically, we will assume there will be no future transfers between pension plans.

The Daily Incoming Mails (DIMS) reports, census data and discussion notes were used to determine the following:

Probability of initial medical enrollment upon retirement	Table A-14
Probability of medical plan and tier selection upon retirement	Table A-15
Probability of medical plan and tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16
Probability of survivor and new dependent enrollment	Table A-17
Probability of retirees in group plans who elect Medicare Part D	0%
Probability of dental / vision enrollment upon retirement	Table A-18
Probability of dental/vision plan and tier selection upon retirement	Table A-19
Retirement of terminated members	Table A-23

Los Angeles County Other Post Employment Benefits Program

Table A-1: Summary of Valuation Assumptions as of July 1, 2006

I. Economic Assumptions		
A. General wage increases	3.75%	
B. Investment earnings		
Funded	7.75%	
Unfunded	5.00%	
C. Implied Inflation	3.50%	
D. Growth in membership	0.00%	
E. Medical cost trend	Table A-22	
F. Dental and vision cost trend	Table A-22	
II. Demographic Assumptions		
A. Salary increases due to service		Table A-5
B. Retirement		Tables A-6 to A-13
C. Disablement		Tables A-6 to A-13
D. Mortality for active members after termination and service retired members.		Table A-2
Basis – RP-2000 Combined Mortality Table for respective sexes for general members, as adjusted:		
<u>Class of Members</u>	<u>Age Adjustment</u>	
General – males	-2 years	
General – females	-2 years	
Safety – males	-3 years	
Safety – females	-2 years	
E. Mortality Among Disabled Members		Table A-3
Basis – RP-2000 Combined Mortality Table, as adjusted:		
General – males	+3 years	
General – females	+1 year	
Safety – males	0 years	
Safety – females	+3 years	
F. Mortality for Beneficiaries		Table A-2
Basis – Beneficiaries are assumed to have the same mortality as a general member of the opposite sex who has taken a service retirement.		
G. Other Terminations of Employment		Tables A-6 to A-13
H. Refund of Contributions on Vested Termination		Table A-4
I. Male spouses are assumed to be three years older than female spouses		

**Table A-1
(continued)**

III.	Retiree Medical and Dental/Vision Enrollment Assumptions	
A.	Probability of Initial Medical Enrollment upon Retirement	Table A-14
B.	Probability of Medical Plan and Tier Selection upon Retirement	Table A-15
C.	Probability of Medical Plan and Tier Selection for Pre 65 Retirees who become Eligible for a Post 65 Plan	Table A-16
D.	Probability of Medical Survivor and New Dependent Enrollment	Table A-17
	Given there is only one year of census DIMS data to analyze, this assumption is developed from our discussions with LACERA.	
E.	Probability of Retirees in Group Plans who Elect Medicare Part D	0%
	We have assumed there is no impact due to retirees and dependents enrolling in Part D because LACERA has not yet formed a policy to address this.	
F.	Probability of Dental/Vision Enrollment upon Retirement	Table A-18
G.	Probability of Dental/Vision Plan and Tier Selection upon Retirement	Table A-19
IV.	Premium and Claim Cost Analysis	Tables A-20 to A-21
V.	Medical and Dental Trend	Table A-22
VI.	Retirement of Terminated Members	Table A-23

Los Angeles County Other Post Employment Benefits Program

Table A-2: Mortality for Members Retired for Service

Age	Safety Male	Safety Female	General Male	General Female
20	0.030%	0.019%	0.032%	0.019%
25	0.037%	0.020%	0.037%	0.020%
30	0.038%	0.023%	0.039%	0.023%
35	0.056%	0.039%	0.063%	0.039%
40	0.090%	0.060%	0.096%	0.060%
45	0.122%	0.094%	0.130%	0.094%
50	0.173%	0.143%	0.186%	0.143%
55	0.267%	0.221%	0.292%	0.221%
60	0.469%	0.392%	0.527%	0.392%
65	0.876%	0.765%	1.001%	0.765%
70	1.608%	1.345%	1.787%	1.345%
75	2.728%	2.297%	3.039%	2.297%
80	4.691%	3.760%	5.212%	3.760%
85	8.049%	6.251%	8.972%	6.251%
90	13.604%	10.730%	15.059%	10.730%

Los Angeles County Other Post Employment Benefits Program

Table A-3: Mortality for Members Retired for Disability

Age	Safety Male	Safety Female	General Male	General Female
20	0.035%	0.020%	0.037%	0.019%
25	0.038%	0.023%	0.039%	0.021%
30	0.044%	0.039%	0.063%	0.031%
35	0.077%	0.060%	0.096%	0.051%
40	0.108%	0.094%	0.130%	0.077%
45	0.151%	0.143%	0.186%	0.122%
50	0.214%	0.221%	0.292%	0.185%
55	0.362%	0.392%	0.527%	0.309%
60	0.675%	0.765%	1.001%	0.581%
65	1.274%	1.345%	1.787%	1.095%
70	2.221%	2.297%	3.039%	1.858%
75	3.783%	3.760%	5.212%	3.097%
80	6.437%	6.251%	8.972%	5.078%
85	11.076%	10.730%	15.059%	8.638%
90	18.341%	17.043%	23.366%	14.460%

Los Angeles County Other Post Employment Benefits Program

**Table A-4: Immediate Refund of Contributions Upon Termination of Employment
(Excludes Plan E)**

Years of Service	Safety	General
0	100%	100%
1	100%	100%
2	100%	100%
3	100%	100%
4	100%	100%
5	35%	45%
6	35%	45%
7	35%	45%
8	33%	44%
9	31%	43%
10	29%	42%
11	27%	41%
12	25%	40%
13	20%	39%
14	15%	38%
15	10%	37%
16	5%	36%
17	0%	35%
18	0%	34%
19	0%	33%
20	0%	32%
21	0%	31%
22	0%	30%
23	0%	24%
24	0%	18%
25	0%	12%
26	0%	6%
27	0%	0%
28	0%	0%
29	0%	0%
30 & Up	0%	0%

Los Angeles County Other Post Employment Benefits Program

Table A-5: Annual Increase in Salary*

<u>Years of Service</u>	<u>Due to Promotion and Longevity</u>	<u>Total Annual Increase*</u>
<1	6.00%	9.98%
1	5.25%	9.20%
2	4.50%	8.42%
3	3.75%	7.64%
4	3.00%	6.86%
5	2.50%	6.34%
6	2.00%	5.83%
7	1.75%	5.57%
8	1.50%	5.31%
9	1.30%	5.10%
10	1.15%	4.94%
11	1.00%	4.79%
12	0.85%	4.63%
13	0.70%	4.48%
14	0.60%	4.37%
15	0.50%	4.27%
16	0.40%	4.17%
17	0.35%	4.11%
18	0.30%	4.06%
19	0.25%	4.01%
20 or More	0.25%	4.01%

* The total expected increase in salary is the increase due to promotions and longevity, adjusted for an assumed 3.75% per annum increase in the general wage level of the membership. The total result is compounded rather than additive.

Los Angeles County Other Post Employment Benefits Program

Appendix A: Rates of Separation From Active Service Tables A-6 to A-13

A schedule of the probabilities of termination of employment due to the following causes can be found on the following pages:

Service Retirement:	Member retires after meeting age and service requirements for reasons other than disability.
Withdrawal:	Member terminates and elects a refund of member contributions, or a deferred vested retirement benefit.
Service Disability:	Member receives disability retirement; disability is service related.
Ordinary Disability:	Member receives disability retirement; disability is not service related.
Service Death:	Member dies before retirement; death is service related.
Ordinary Death:	Member dies before retirement; death is not service related.

Each rate represents the probability that a member will separate from service at each age due to the particular cause. For example, a rate of 0.0300 for a member's service retirement at age 50 means we assume that 30 out of 1,000 members who are age 50 will retire at that age.

Each table represents the detailed rates needed for each LACERA plan by sex:

Table A-6: General Plan A, B & C Males	A-10: General Plan E Males
A-7: General Plan A, B & C Females	A-11: General Plan E Females
A-8: General Plan D Males	A-12: Safety Plan A & B Males
A-9: General Plan D Females	A-13: Safety Plan A & B Females

Los Angeles County Other Post Employment Benefits Program

**Table A-6: Rate of Separation From Active Service For General Members
Plans A, B & C - Male**

Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0006
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0006
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0007
33	0.0000	0.0050	0.0003	0.0001	N/A	0.0008
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0008
35	0.0000	0.0050	0.0004	0.0001	N/A	0.0009
36	0.0000	0.0050	0.0004	0.0002	N/A	0.0010
37	0.0000	0.0050	0.0005	0.0001	N/A	0.0010
38	0.0000	0.0050	0.0006	0.0002	N/A	0.0011
39	0.0000	0.0050	0.0006	0.0002	N/A	0.0011
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0012
41	0.0300	0.0050	0.0007	0.0003	N/A	0.0013
42	0.0300	0.0050	0.0008	0.0003	N/A	0.0014
43	0.0300	0.0050	0.0009	0.0003	N/A	0.0015
44	0.0300	0.0050	0.0010	0.0004	N/A	0.0016
45	0.0300	0.0050	0.0011	0.0004	N/A	0.0017
46	0.0300	0.0050	0.0012	0.0005	N/A	0.0019
47	0.0300	0.0050	0.0013	0.0005	N/A	0.0020
48	0.0300	0.0050	0.0014	0.0005	N/A	0.0021
49	0.0300	0.0050	0.0016	0.0006	N/A	0.0023
50	0.0300	0.0050	0.0017	0.0006	N/A	0.0024
51	0.0300	0.0050	0.0018	0.0007	N/A	0.0026
52	0.0300	0.0050	0.0020	0.0008	N/A	0.0028
53	0.0300	0.0050	0.0022	0.0008	N/A	0.0030
54	0.0450	0.0050	0.0025	0.0009	N/A	0.0033
55	0.0700	0.0050	0.0027	0.0010	N/A	0.0036
56	0.1000	0.0050	0.0030	0.0011	N/A	0.0040
57	0.1200	0.0050	0.0032	0.0012	N/A	0.0044
58	0.1500	0.0050	0.0036	0.0013	N/A	0.0049
59	0.1800	0.0050	0.0040	0.0015	N/A	0.0054
60	0.2400	0.0050	0.0044	0.0016	N/A	0.0059
61	0.2400	0.0050	0.0048	0.0018	N/A	0.0065
62	0.3500	0.0050	0.0052	0.0019	N/A	0.0070
63	0.2100	0.0050	0.0052	0.0024	N/A	0.0076
64	0.2800	0.0050	0.0052	0.0029	N/A	0.0081
65	0.3500	0.0050	0.0052	0.0034	N/A	0.0086
66	0.2500	0.0050	0.0052	0.0039	N/A	0.0091
67	0.2500	0.0050	0.0052	0.0044	N/A	0.0095
68	0.2500	0.0050	0.0052	0.0049	N/A	0.0099
69	0.2500	0.0050	0.0052	0.0054	N/A	0.0104
70	0.2500	0.0050	0.0052	0.0059	N/A	0.0112
71	0.2500	0.0050	0.0052	0.0064	N/A	0.0123
72	0.2500	0.0050	0.0052	0.0069	N/A	0.0137
73	0.2500	0.0050	0.0052	0.0074	N/A	0.0151
74	0.2500	0.0050	0.0052	0.0079	N/A	0.0169
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0000



Milliman

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

A-14

Los Angeles County Other Post Employment Benefits Program

**Table A-7: Rate of Separation From Active Service For General Members
Plans A, B & C - Female**

Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
33	0.0000	0.0050	0.0003	0.0001	N/A	0.0004
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0004
35	0.0000	0.0050	0.0004	0.0001	N/A	0.0005
36	0.0000	0.0050	0.0004	0.0002	N/A	0.0005
37	0.0000	0.0050	0.0005	0.0001	N/A	0.0006
38	0.0000	0.0050	0.0006	0.0002	N/A	0.0006
39	0.0000	0.0050	0.0006	0.0002	N/A	0.0006
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0007
41	0.0300	0.0050	0.0007	0.0003	N/A	0.0008
42	0.0300	0.0050	0.0008	0.0003	N/A	0.0009
43	0.0300	0.0050	0.0009	0.0003	N/A	0.0009
44	0.0300	0.0050	0.0010	0.0004	N/A	0.0010
45	0.0300	0.0050	0.0011	0.0004	N/A	0.0011
46	0.0300	0.0050	0.0012	0.0005	N/A	0.0012
47	0.0300	0.0050	0.0013	0.0005	N/A	0.0013
48	0.0300	0.0050	0.0014	0.0006	N/A	0.0014
49	0.0300	0.0050	0.0014	0.0006	N/A	0.0016
50	0.0300	0.0050	0.0016	0.0006	N/A	0.0017
51	0.0300	0.0050	0.0017	0.0007	N/A	0.0018
52	0.0300	0.0050	0.0018	0.0008	N/A	0.0020
53	0.0400	0.0050	0.0019	0.0009	N/A	0.0021
54	0.0700	0.0050	0.0020	0.0010	N/A	0.0023
55	0.0900	0.0050	0.0022	0.0011	N/A	0.0025
56	0.1000	0.0050	0.0022	0.0011	N/A	0.0028
57	0.1200	0.0050	0.0024	0.0012	N/A	0.0030
58	0.1500	0.0050	0.0027	0.0014	N/A	0.0033
59	0.1800	0.0050	0.0030	0.0015	N/A	0.0036
60	0.2000	0.0050	0.0034	0.0017	N/A	0.0039
61	0.2000	0.0050	0.0037	0.0019	N/A	0.0043
62	0.2800	0.0050	0.0040	0.0020	N/A	0.0047
63	0.2200	0.0050	0.0043	0.0022	N/A	0.0050
64	0.2200	0.0050	0.0047	0.0024	N/A	0.0054
65	0.3000	0.0050	0.0051	0.0026	N/A	0.0058
66	0.2400	0.0050	0.0056	0.0028	N/A	0.0062
67	0.2400	0.0050	0.0061	0.0030	N/A	0.0066
68	0.2400	0.0050	0.0066	0.0032	N/A	0.0069
69	0.2400	0.0050	0.0072	0.0034	N/A	0.0073
70	0.2400	0.0050	0.0072	0.0036	N/A	0.0076
71	0.2400	0.0050	0.0072	0.0038	N/A	0.0079
72	0.2400	0.0050	0.0072	0.0040	N/A	0.0085
73	0.2400	0.0050	0.0072	0.0042	N/A	0.0093
74	0.2400	0.0050	0.0072	0.0044	N/A	0.0103
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0000



Milliman

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

A-15

Los Angeles County Other Post Employment Benefits Program

**Table A-8: Rate of Separation From Active Service For General Members
Plan D - Male**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0003	0	0.0700
19	0.0000	0.0002	0.0001	N/A	0.0004	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0004	2	0.0425
21	0.0000	0.0002	0.0001	N/A	0.0004	3	0.0350
22	0.0000	0.0002	0.0001	N/A	0.0004	4	0.0300
23	0.0000	0.0002	0.0001	N/A	0.0004	5	0.0283
24	0.0000	0.0002	0.0001	N/A	0.0004	6	0.0267
25	0.0000	0.0002	0.0001	N/A	0.0004	7	0.0250
26	0.0000	0.0002	0.0001	N/A	0.0004	8	0.0240
27	0.0000	0.0002	0.0001	N/A	0.0004	9	0.0230
28	0.0000	0.0002	0.0001	N/A	0.0004	10	0.0220
29	0.0000	0.0002	0.0001	N/A	0.0005	11	0.0210
30	0.0000	0.0002	0.0001	N/A	0.0006	12	0.0200
31	0.0000	0.0002	0.0001	N/A	0.0006	13	0.0190
32	0.0000	0.0002	0.0001	N/A	0.0007	14	0.0180
33	0.0000	0.0003	0.0001	N/A	0.0008	15	0.0170
34	0.0000	0.0003	0.0001	N/A	0.0008	16	0.0160
35	0.0000	0.0004	0.0001	N/A	0.0009	17	0.0150
36	0.0000	0.0004	0.0002	N/A	0.0010	18	0.0144
37	0.0000	0.0005	0.0001	N/A	0.0010	19	0.0138
38	0.0000	0.0006	0.0002	N/A	0.0011	20	0.0132
39	0.0000	0.0006	0.0002	N/A	0.0011	21	0.0126
40	0.0200	0.0006	0.0002	N/A	0.0012	22	0.0120
41	0.0200	0.0007	0.0003	N/A	0.0013	23	0.0116
42	0.0200	0.0008	0.0003	N/A	0.0014	24	0.0112
43	0.0200	0.0009	0.0003	N/A	0.0015	25	0.0108
44	0.0200	0.0010	0.0004	N/A	0.0016	26	0.0104
45	0.0200	0.0011	0.0004	N/A	0.0017	27	0.0100
46	0.0200	0.0012	0.0005	N/A	0.0019	28	0.0100
47	0.0200	0.0013	0.0005	N/A	0.0020	29	0.0100
48	0.0200	0.0014	0.0005	N/A	0.0021	30 & Above	0.0000
49	0.0200	0.0016	0.0006	N/A	0.0023		
50	0.0200	0.0017	0.0006	N/A	0.0024		
51	0.0200	0.0018	0.0007	N/A	0.0026		
52	0.0200	0.0020	0.0008	N/A	0.0028		
53	0.0200	0.0022	0.0008	N/A	0.0030		
54	0.0200	0.0025	0.0009	N/A	0.0033		
55	0.0300	0.0027	0.0010	N/A	0.0036		
56	0.0300	0.0030	0.0011	N/A	0.0040		
57	0.0300	0.0032	0.0012	N/A	0.0044		
58	0.0300	0.0036	0.0013	N/A	0.0049		
59	0.0400	0.0040	0.0015	N/A	0.0054		
60	0.0500	0.0044	0.0016	N/A	0.0059		
61	0.0500	0.0048	0.0018	N/A	0.0065		
62	0.1000	0.0052	0.0019	N/A	0.0070		
63	0.0800	0.0052	0.0024	N/A	0.0076		
64	0.1000	0.0052	0.0029	N/A	0.0081		
65	0.2000	0.0052	0.0034	N/A	0.0086		
66	0.1500	0.0052	0.0039	N/A	0.0091		
67	0.1500	0.0052	0.0044	N/A	0.0095		
68	0.1500	0.0052	0.0049	N/A	0.0099		
69	0.1500	0.0052	0.0054	N/A	0.0104		
70	0.2000	0.0052	0.0059	N/A	0.0112		
71	0.2000	0.0052	0.0064	N/A	0.0123		
72	0.2000	0.0052	0.0069	N/A	0.0137		
73	0.2000	0.0052	0.0074	N/A	0.0151		
74	0.2000	0.0052	0.0079	N/A	0.0169		
75	1.0000	0.0000	0.0000	N/A	0.0000		



Milliman

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

A-16

Los Angeles County Other Post Employment Benefits Program

**Table A-9: Rate of Separation From Active Service For General Members
Plan D - Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0002	0	0.0700
19	0.0000	0.0002	0.0001	N/A	0.0002	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0002	2	0.0425
21	0.0000	0.0002	0.0001	N/A	0.0002	3	0.0350
22	0.0000	0.0002	0.0001	N/A	0.0002	4	0.0300
23	0.0000	0.0002	0.0001	N/A	0.0002	5	0.0283
24	0.0000	0.0002	0.0001	N/A	0.0002	6	0.0267
25	0.0000	0.0002	0.0001	N/A	0.0002	7	0.0250
26	0.0000	0.0002	0.0001	N/A	0.0002	8	0.0240
27	0.0000	0.0002	0.0001	N/A	0.0002	9	0.0230
28	0.0000	0.0002	0.0001	N/A	0.0002	10	0.0220
29	0.0000	0.0002	0.0001	N/A	0.0002	11	0.0210
30	0.0000	0.0002	0.0001	N/A	0.0003	12	0.0200
31	0.0000	0.0002	0.0001	N/A	0.0003	13	0.0190
32	0.0000	0.0002	0.0001	N/A	0.0003	14	0.0180
33	0.0000	0.0003	0.0001	N/A	0.0004	15	0.0170
34	0.0000	0.0003	0.0001	N/A	0.0004	16	0.0160
35	0.0000	0.0004	0.0001	N/A	0.0005	17	0.0150
36	0.0000	0.0004	0.0002	N/A	0.0005	18	0.0144
37	0.0000	0.0005	0.0001	N/A	0.0006	19	0.0138
38	0.0000	0.0006	0.0002	N/A	0.0006	20	0.0132
39	0.0000	0.0006	0.0002	N/A	0.0006	21	0.0126
40	0.0200	0.0006	0.0002	N/A	0.0007	22	0.0120
41	0.0200	0.0007	0.0003	N/A	0.0008	23	0.0116
42	0.0200	0.0008	0.0003	N/A	0.0009	24	0.0112
43	0.0200	0.0009	0.0003	N/A	0.0009	25	0.0108
44	0.0200	0.0010	0.0004	N/A	0.0010	26	0.0104
45	0.0200	0.0011	0.0004	N/A	0.0011	27	0.0100
46	0.0200	0.0012	0.0005	N/A	0.0012	28	0.0100
47	0.0200	0.0013	0.0005	N/A	0.0013	29	0.0100
48	0.0200	0.0014	0.0006	N/A	0.0014	30 & Above	0.0000
49	0.0200	0.0014	0.0006	N/A	0.0016		
50	0.0200	0.0016	0.0006	N/A	0.0017		
51	0.0200	0.0017	0.0007	N/A	0.0018		
52	0.0200	0.0018	0.0008	N/A	0.0020		
53	0.0200	0.0019	0.0009	N/A	0.0021		
54	0.0200	0.0020	0.0010	N/A	0.0023		
55	0.0300	0.0022	0.0011	N/A	0.0025		
56	0.0300	0.0022	0.0011	N/A	0.0028		
57	0.0300	0.0024	0.0012	N/A	0.0030		
58	0.0300	0.0027	0.0014	N/A	0.0033		
59	0.0400	0.0030	0.0015	N/A	0.0036		
60	0.0600	0.0034	0.0017	N/A	0.0039		
61	0.0600	0.0037	0.0019	N/A	0.0043		
62	0.0800	0.0040	0.0020	N/A	0.0047		
63	0.0800	0.0043	0.0022	N/A	0.0050		
64	0.1200	0.0047	0.0024	N/A	0.0054		
65	0.2200	0.0051	0.0026	N/A	0.0058		
66	0.1800	0.0056	0.0028	N/A	0.0062		
67	0.1300	0.0061	0.0030	N/A	0.0066		
68	0.2000	0.0066	0.0032	N/A	0.0069		
69	0.2000	0.0072	0.0034	N/A	0.0073		
70	0.2000	0.0072	0.0036	N/A	0.0076		
71	0.2000	0.0072	0.0038	N/A	0.0079		
72	0.2000	0.0072	0.0040	N/A	0.0085		
73	0.2000	0.0072	0.0042	N/A	0.0093		
74	0.2000	0.0072	0.0044	N/A	0.0103		
75	1.0000	0.0000	0.0000	N/A	0.0000		

Los Angeles County Other Post Employment Benefits Program

**Table A-10: Rate of Separation From Active Service For General Members
Plan E - Male**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0003	0	0.1300
19	0.0000	N/A	N/A	N/A	0.0004	1	0.0700
20	0.0000	N/A	N/A	N/A	0.0004	2	0.0600
21	0.0000	N/A	N/A	N/A	0.0004	3	0.0500
22	0.0000	N/A	N/A	N/A	0.0004	4	0.0400
23	0.0000	N/A	N/A	N/A	0.0004	5	0.0373
24	0.0000	N/A	N/A	N/A	0.0004	6	0.0347
25	0.0000	N/A	N/A	N/A	0.0004	7	0.0320
26	0.0000	N/A	N/A	N/A	0.0004	8	0.0304
27	0.0000	N/A	N/A	N/A	0.0004	9	0.0288
28	0.0000	N/A	N/A	N/A	0.0004	10	0.0272
29	0.0000	N/A	N/A	N/A	0.0005	11	0.0256
30	0.0000	N/A	N/A	N/A	0.0006	12	0.0240
31	0.0000	N/A	N/A	N/A	0.0006	13	0.0232
32	0.0000	N/A	N/A	N/A	0.0007	14	0.0224
33	0.0000	N/A	N/A	N/A	0.0008	15	0.0216
34	0.0000	N/A	N/A	N/A	0.0008	16	0.0208
35	0.0000	N/A	N/A	N/A	0.0009	17	0.0200
36	0.0000	N/A	N/A	N/A	0.0010	18	0.0196
37	0.0000	N/A	N/A	N/A	0.0010	19	0.0192
38	0.0000	N/A	N/A	N/A	0.0011	20	0.0188
39	0.0000	N/A	N/A	N/A	0.0011	21	0.0184
40	0.0000	N/A	N/A	N/A	0.0012	22	0.0180
41	0.0000	N/A	N/A	N/A	0.0013	23	0.0176
42	0.0000	N/A	N/A	N/A	0.0014	24	0.0172
43	0.0000	N/A	N/A	N/A	0.0015	25	0.0168
44	0.0000	N/A	N/A	N/A	0.0016	26	0.0164
45	0.0000	N/A	N/A	N/A	0.0017	27	0.0160
46	0.0000	N/A	N/A	N/A	0.0019	28	0.0160
47	0.0000	N/A	N/A	N/A	0.0020	29	0.0160
48	0.0000	N/A	N/A	N/A	0.0021	30 & Above	0.0160
49	0.0000	N/A	N/A	N/A	0.0023		
50	0.0000	N/A	N/A	N/A	0.0024		
51	0.0000	N/A	N/A	N/A	0.0026		
52	0.0000	N/A	N/A	N/A	0.0028		
53	0.0000	N/A	N/A	N/A	0.0030		
54	0.0000	N/A	N/A	N/A	0.0033		
55	0.0300	N/A	N/A	N/A	0.0036		
56	0.0300	N/A	N/A	N/A	0.0040		
57	0.0300	N/A	N/A	N/A	0.0044		
58	0.0300	N/A	N/A	N/A	0.0049		
59	0.0300	N/A	N/A	N/A	0.0054		
60	0.0300	N/A	N/A	N/A	0.0059		
61	0.0600	N/A	N/A	N/A	0.0065		
62	0.1100	N/A	N/A	N/A	0.0070		
63	0.0700	N/A	N/A	N/A	0.0076		
64	0.1400	N/A	N/A	N/A	0.0081		
65	0.2600	N/A	N/A	N/A	0.0086		
66	0.1700	N/A	N/A	N/A	0.0091		
67	0.1700	N/A	N/A	N/A	0.0095		
68	0.1700	N/A	N/A	N/A	0.0099		
69	0.1700	N/A	N/A	N/A	0.0104		
70	0.2500	N/A	N/A	N/A	0.0112		
71	0.2500	N/A	N/A	N/A	0.0123		
72	0.2500	N/A	N/A	N/A	0.0137		
73	0.2500	N/A	N/A	N/A	0.0151		
74	0.2500	N/A	N/A	N/A	0.0169		
75	1.0000	N/A	N/A	N/A	0.0000		

Los Angeles County Other Post Employment Benefits Program

**Table A-11: Rate of Separation From Active Service For General Members
Plan E - Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0002	0	0.1300
19	0.0000	N/A	N/A	N/A	0.0002	1	0.0700
20	0.0000	N/A	N/A	N/A	0.0002	2	0.0600
21	0.0000	N/A	N/A	N/A	0.0002	3	0.0500
22	0.0000	N/A	N/A	N/A	0.0002	4	0.0400
23	0.0000	N/A	N/A	N/A	0.0002	5	0.0373
24	0.0000	N/A	N/A	N/A	0.0002	6	0.0347
25	0.0000	N/A	N/A	N/A	0.0002	7	0.0320
26	0.0000	N/A	N/A	N/A	0.0002	8	0.0304
27	0.0000	N/A	N/A	N/A	0.0002	9	0.0288
28	0.0000	N/A	N/A	N/A	0.0002	10	0.0272
29	0.0000	N/A	N/A	N/A	0.0002	11	0.0256
30	0.0000	N/A	N/A	N/A	0.0003	12	0.0240
31	0.0000	N/A	N/A	N/A	0.0003	13	0.0232
32	0.0000	N/A	N/A	N/A	0.0003	14	0.0224
33	0.0000	N/A	N/A	N/A	0.0004	15	0.0216
34	0.0000	N/A	N/A	N/A	0.0004	16	0.0208
35	0.0000	N/A	N/A	N/A	0.0005	17	0.0200
36	0.0000	N/A	N/A	N/A	0.0005	18	0.0196
37	0.0000	N/A	N/A	N/A	0.0006	19	0.0192
38	0.0000	N/A	N/A	N/A	0.0006	20	0.0188
39	0.0000	N/A	N/A	N/A	0.0006	21	0.0184
40	0.0000	N/A	N/A	N/A	0.0007	22	0.0180
41	0.0000	N/A	N/A	N/A	0.0008	23	0.0176
42	0.0000	N/A	N/A	N/A	0.0009	24	0.0172
43	0.0000	N/A	N/A	N/A	0.0009	25	0.0168
44	0.0000	N/A	N/A	N/A	0.0010	26	0.0164
45	0.0000	N/A	N/A	N/A	0.0011	27	0.0160
46	0.0000	N/A	N/A	N/A	0.0012	28	0.0160
47	0.0000	N/A	N/A	N/A	0.0013	29	0.0160
48	0.0000	N/A	N/A	N/A	0.0014	30 & Above	0.0160
49	0.0000	N/A	N/A	N/A	0.0016		
50	0.0000	N/A	N/A	N/A	0.0017		
51	0.0000	N/A	N/A	N/A	0.0018		
52	0.0000	N/A	N/A	N/A	0.0020		
53	0.0000	N/A	N/A	N/A	0.0021		
54	0.0000	N/A	N/A	N/A	0.0023		
55	0.0400	N/A	N/A	N/A	0.0025		
56	0.0400	N/A	N/A	N/A	0.0028		
57	0.0400	N/A	N/A	N/A	0.0030		
58	0.0400	N/A	N/A	N/A	0.0033		
59	0.0400	N/A	N/A	N/A	0.0036		
60	0.0400	N/A	N/A	N/A	0.0039		
61	0.0600	N/A	N/A	N/A	0.0043		
62	0.0900	N/A	N/A	N/A	0.0047		
63	0.0600	N/A	N/A	N/A	0.0050		
64	0.1500	N/A	N/A	N/A	0.0054		
65	0.2500	N/A	N/A	N/A	0.0058		
66	0.1500	N/A	N/A	N/A	0.0062		
67	0.1500	N/A	N/A	N/A	0.0066		
68	0.1500	N/A	N/A	N/A	0.0069		
69	0.1500	N/A	N/A	N/A	0.0073		
70	0.2500	N/A	N/A	N/A	0.0076		
71	0.2500	N/A	N/A	N/A	0.0079		
72	0.2500	N/A	N/A	N/A	0.0085		
73	0.2500	N/A	N/A	N/A	0.0093		
74	0.2500	N/A	N/A	N/A	0.0103		
75	1.0000	N/A	N/A	N/A	0.0000		

Los Angeles County Other Post Employment Benefits Program

**Table A-12: Rate of Separation From Active Service For Safety Members
Plan A & B - Male**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0050	0.0003	0.0001	0.0003	0	0.0400
19	0.0000	0.0050	0.0003	0.0001	0.0003	1	0.0350
20	0.0000	0.0050	0.0003	0.0001	0.0003	2	0.0300
21	0.0000	0.0050	0.0003	0.0001	0.0003	3	0.0250
22	0.0000	0.0050	0.0003	0.0001	0.0003	4	0.0150
23	0.0000	0.0050	0.0003	0.0001	0.0003	5	0.0133
24	0.0000	0.0050	0.0003	0.0001	0.0003	6	0.0117
25	0.0000	0.0050	0.0003	0.0001	0.0003	7	0.0100
26	0.0000	0.0050	0.0003	0.0001	0.0003	8	0.0092
27	0.0000	0.0050	0.0003	0.0001	0.0003	9	0.0084
28	0.0000	0.0050	0.0003	0.0001	0.0003	10	0.0076
29	0.0000	0.0050	0.0003	0.0001	0.0003	11	0.0068
30	0.0000	0.0050	0.0003	0.0001	0.0004	12	0.0060
31	0.0000	0.0050	0.0003	0.0001	0.0004	13	0.0056
32	0.0000	0.0050	0.0003	0.0001	0.0004	14	0.0052
33	0.0000	0.0052	0.0003	0.0001	0.0004	15	0.0048
34	0.0000	0.0054	0.0003	0.0001	0.0004	16	0.0044
35	0.0000	0.0056	0.0003	0.0001	0.0004	17	0.0040
36	0.0000	0.0058	0.0003	0.0001	0.0004	18	0.0032
37	0.0000	0.0060	0.0004	0.0001	0.0004	19	0.0024
38	0.0000	0.0064	0.0004	0.0001	0.0004	20 & Above	0.0000
39	0.0000	0.0068	0.0004	0.0001	0.0004		
40	0.0100	0.0072	0.0004	0.0001	0.0005		
41	0.0100	0.0076	0.0004	0.0001	0.0006		
42	0.0100	0.0080	0.0005	0.0001	0.0006		
43	0.0100	0.0088	0.0005	0.0001	0.0007		
44	0.0100	0.0096	0.0005	0.0001	0.0008		
45	0.0100	0.0104	0.0006	0.0001	0.0008		
46	0.0100	0.0112	0.0006	0.0001	0.0009		
47	0.0100	0.0120	0.0007	0.0001	0.0010		
48	0.0100	0.0136	0.0007	0.0001	0.0010		
49	0.0100	0.0152	0.0008	0.0001	0.0011		
50	0.0100	0.0168	0.0014	0.0001	0.0011		
51	0.0200	0.0184	0.0019	0.0001	0.0012		
52	0.0250	0.0200	0.0025	0.0001	0.0013		
53	0.0300	0.0300	0.0030	0.0001	0.0014		
54	0.1200	0.0500	0.0036	0.0001	0.0015		
55	0.2400	0.1500	0.0036	0.0001	0.0016		
56	0.1800	0.1500	0.0036	0.0001	0.0017		
57	0.1800	0.1500	0.0036	0.0001	0.0019		
58	0.2000	0.1500	0.0036	0.0001	0.0020		
59	0.3000	0.1500	0.0036	0.0001	0.0021		
60	1.0000	0.0000	0.0038	0.0000	0.0000		

Los Angeles County Other Post Employment Benefits Program

**Table A-13: Rate of Separation From Active Service For Safety Members
Plan A & B - Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0050	0.0006	0.0001	0.0002	0	0.0400
19	0.0000	0.0050	0.0006	0.0001	0.0002	1	0.0350
20	0.0000	0.0050	0.0006	0.0001	0.0002	2	0.0300
21	0.0000	0.0050	0.0006	0.0001	0.0002	3	0.0250
22	0.0000	0.0050	0.0006	0.0001	0.0002	4	0.0150
23	0.0000	0.0050	0.0006	0.0001	0.0002	5	0.0133
24	0.0000	0.0050	0.0006	0.0001	0.0002	6	0.0117
25	0.0000	0.0050	0.0006	0.0001	0.0002	7	0.0100
26	0.0000	0.0050	0.0006	0.0001	0.0002	8	0.0092
27	0.0000	0.0050	0.0006	0.0001	0.0002	9	0.0084
28	0.0000	0.0050	0.0006	0.0001	0.0002	10	0.0076
29	0.0000	0.0050	0.0006	0.0001	0.0002	11	0.0068
30	0.0000	0.0060	0.0006	0.0001	0.0003	12	0.0060
31	0.0000	0.0070	0.0006	0.0001	0.0003	13	0.0056
32	0.0000	0.0080	0.0006	0.0001	0.0003	14	0.0052
33	0.0000	0.0090	0.0006	0.0001	0.0004	15	0.0048
34	0.0000	0.0100	0.0006	0.0001	0.0004	16	0.0044
35	0.0000	0.0110	0.0008	0.0001	0.0005	17	0.0040
36	0.0000	0.0120	0.0008	0.0001	0.0005	18	0.0032
37	0.0000	0.0125	0.0008	0.0001	0.0006	19	0.0024
38	0.0000	0.0130	0.0008	0.0001	0.0006	20 & Above	0.0000
39	0.0000	0.0135	0.0008	0.0001	0.0006		
40	0.0500	0.0140	0.0010	0.0001	0.0007		
41	0.0500	0.0145	0.0010	0.0001	0.0008		
42	0.0500	0.0150	0.0010	0.0001	0.0009		
43	0.0500	0.0155	0.0010	0.0001	0.0009		
44	0.0500	0.0160	0.0012	0.0001	0.0010		
45	0.0500	0.0165	0.0012	0.0001	0.0011		
46	0.0500	0.0170	0.0014	0.0001	0.0012		
47	0.0500	0.0175	0.0014	0.0001	0.0013		
48	0.0500	0.0180	0.0016	0.0001	0.0014		
49	0.0500	0.0185	0.0020	0.0001	0.0016		
50	0.0500	0.0190	0.0022	0.0001	0.0017		
51	0.0300	0.0300	0.0026	0.0001	0.0018		
52	0.0300	0.0350	0.0028	0.0001	0.0020		
53	0.0500	0.0400	0.0034	0.0001	0.0021		
54	0.1200	0.0450	0.0040	0.0001	0.0023		
55	0.2200	0.0700	0.0048	0.0001	0.0025		
56	0.1800	0.1200	0.0054	0.0001	0.0028		
57	0.2400	0.1200	0.0060	0.0001	0.0030		
58	0.3200	0.1200	0.0066	0.0001	0.0033		
59	0.4000	0.1200	0.0072	0.0001	0.0036		
60	1.0000	0.0000	0.0078	0.0000	0.0000		

Los Angeles County Other Post Employment Benefits Program

Table A-14: Probability of Initial Medical Enrollment

Years of Service	Assumed Enrollment %
< 10	15%
10-14	55%
15-19	75%
20-24	85%
25+, Disabled	95%

Los Angeles County Other Post Employment Benefits Program

Table A-15: Probability of Medical Plan and Tier Selection Upon Initial Enrollment

Non Local 1014 Fire Fighters Retirees

Deduction Code	Plan	Tier	Pre 65	Post 65
201	Blue Cross Prudent Buyer Plan	Retiree Only	1%	
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	1%	
203	Blue Cross Prudent Buyer Plan	Retiree and Family	1%	
204	Blue Cross Prudent Buyer Plan	Retiree and Children		
205	Blue Cross Prudent Buyer Plan	Minor Survivor		
211	Blue Cross I	Retiree Only	1%	
212	Blue Cross I	Retiree and Spouse	1%	
213	Blue Cross I	Retiree, Spouse and Children		
214	Blue Cross I	Retiree and Children		
215	Blue Cross I	Minor Survivor		
221	Blue Cross II	Retiree Only	10%	2%
222	Blue Cross II	Retiree and Spouse	12%	2%
223	Blue Cross II	Retiree, Spouse and Children	3%	
224	Blue Cross II	Retiree and Children		
240	Blue Cross III	One Medicare		12%
241	Blue Cross III	Retiree and Spouse 1 Medicare		
242	Blue Cross III	Retiree and Spouse 1 Medicare		2%
243	Blue Cross III	Retiree and Spouse 2 Medicare		7%
244	Blue Cross III	Retiree and Children 1 Medicare		
245	Blue Cross III	Retiree and Children 1 Medicare		
246	Blue Cross III	Retiree and Family 1 Medicare		
247	Blue Cross III	Retiree and Family 1 Medicare		
248	Blue Cross III	Retiree and Family 2 Medicare		
249	Blue Cross III	Retiree and Family 2 Medicare		
301	CIGNA Network Model Plan	Retiree Only	1%	2%
302	CIGNA Network Model Plan	Retiree and Spouse	3%	1%
303	CIGNA Network Model Plan	Retiree and Family	1%	
304	CIGNA Network Model Plan	Retiree and Children		
305	CIGNA Network Model Plan	Minor Survivor		
321	CIGNA Healthcare for Seniors AZ	Risk-Retiree Only		
322	CIGNA Healthcare for Seniors AZ	Risk-Retiree & Spouse		
324	CIGNA Healthcare for Seniors AZ	Risk-Retiree & Spouse (Both Risk)		
401	Kaiser (CA) Basic	Retiree Basic (Under 65)	24%	
402	Kaiser (CA)	Retiree Cost ("M" Coverage) Supplement		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		23%
404	Kaiser (CA)	Retiree Excess I		4%
405	Kaiser (CA)	Retiree Excess II - Part B		4%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)		1%
411	Kaiser (CA) Basic	Family Basic	32%	

Table A-15
(continued)

Deduction Code	Plan	Tier	Pre 65	Post 65
412	Kaiser (CA)	One Cost ("M" Coverage) Supplement, Others Basic		
413	Kaiser (CA)	One Advantage, Others Basic		11%
414	Kaiser (CA)	One Excess I, Others Basic		
415	Kaiser (CA)	Two+ Cost ("M" Coverage) Supplement		
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage) Supplement		
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage) Supplement		
418	Kaiser (CA)	Two+ Advantage		14%
419	Kaiser (CA)	One Excess I, One Advantage		
420	Kaiser (CA)	Two+ Excess I		
421	Kaiser (CA) Basic	Survivor		
422	Kaiser (CA)	One Excess II, One Basic		1%
423	Kaiser (CA)	One Excess III (MNP), One Basic		
424	Kaiser (CA)	One Cost ("M" Coverage) Supplement, One Excess II		
425	Kaiser (CA)	One Cost ("M" Coverage) Supplement, One Excess (MNP) III		
426	Kaiser (CA)	One Advantage, One Excess II		
427	Kaiser (CA)	One Advantage, One Excess III(MNP)		1%
428	Kaiser (CA)	One Excess I, Others Excess II		
429	Kaiser (CA)	One Excess I, Others Excess III (MNP)		
430	Kaiser (CA)	Two + Excess II- Part B		
431	Kaiser (CA)	One Excess II, Others Excess III (MNP)		
432	Kaiser (CA)	Two Excess - Both III (MNP)		
441	Kaiser - Georgia	Retiree Risk with Part A only		
450	Kaiser - Colorado Basic	Retiree Basic		
451	Kaiser - Colorado	Retiree Risk		
453	Kaiser - Colorado	Retiree Basic (Two Party)		
454	Kaiser - Colorado	Retiree Basic Family		
455	Kaiser - Colorado	One Risk, One Basic		
457	Kaiser - Colorado	Two Retiree Risk		
458	Kaiser - Colorado	One Risk, Two + Basic		
459	Kaiser - Colorado	Two Risk, Two or More Basic		
461	Kaiser - Georgia Basic	Basic		
462	Kaiser - Georgia	Retiree Risk		
463	Kaiser - Georgia	Retiree (Two Party) Basic		
465	Kaiser - Georgia	One Retiree Risk, One Basic		
466	Kaiser - Georgia	Two Retiree Risk		
471	Kaiser - Hawaii	Retiree Basic (Under 65)		
472	Kaiser - Hawaii	Retiree Risk		
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B		
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)		
476	Kaiser - Hawaii	One Retiree Risk, One Basic		
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic		
481	Kaiser - Oregon	Retiree Basic (Under 65)		
482	Kaiser - Oregon	Retiree Risk		
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B		
484	Kaiser - Oregon	Retiree Basic (Two Party)		
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)		
486	Kaiser - Oregon	One Retiree Risk, One Basic		

**Table A-15
(continued)**

Deduction Code	Plan	Tier	Pre 65	Post 65
488	Kaiser - Oregon	Two Retiree Risk		
489	Kaiser - Oregon	Retiree w/ Part A only		
491	Kaiser - Oregon	One Risk, One Medicare Part A only		
493	Kaiser - Oregon	One Risk, Two Basic		
494	Kaiser - Oregon	Two Risk, One Basic		
495	Kaiser - Oregon	Two Over 65 unassigned Medicare		
496	Kaiser - Oregon	Two Medicare Part A only		
497	Kaiser - Oregon	One Basic, One Medicare Part A only		
611	SCAN Health Plan	Retiree Only		1%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)		
701	Pacific Care - Secure Horizons	Retiree Only		7%
702	Pacific Care - Secure Horizons	Retiree & 1 Dependent (1 Medicare)		1%
703	Pacific Care - Secure Horizons	Retiree & 1 Dependent (2 Medicare)		4%
704	Pacific Care - Secure Horizons	Retiree & 2 + Deps. (1 Medicare)		
705	Pacific Care - Secure Horizons	Retiree & 2 + Deps. (2 Medicare)		
707	PacifiCare	Single	4%	
708	PacifiCare	Two-Party	4%	
709	PacifiCare	Family	1%	
Total			100%	100%

Fire Fighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65
801	Fire Fighters Local 1014	Med-Member under 65	15%
802	Fire Fighters Local 1014	Med-Member +1 under 65	60%
803	Fire Fighters Local 1014	Med-Member +2 under 65	25%
804	Fire Fighters Local 1014	Med-Member or Surviving Sp with Medicare	
805	Fire Fighters Local 1014	Med-Member +1; 1 MDC	
806	Fire Fighters Local 1014	Med-Member +1; 2 MDC	
807	Fire Fighters Local 1014	Med-Member +2; 1 MDC	
808	Fire Fighters Local 1014	Med-Member +2; 2 MDC	
809	Fire Fighters Local 1014	Med-Surv. Sp. Under 65	
810	Fire Fighters Local 1014	Med-Surv. Sp. +1 Under 65	
811	Fire Fighters Local 1014	Med-Surv. Sp. +2 Under 65	
812	Fire Fighters Local 1014	Med-Surv. Sp. With MDC	
814	Fire Fighters Local 1014	Med-Surv. Sp. +2; 1 MDC	
815	Fire Fighters Local 1014	Med-Surv. Sp. +1; 2 MDC	
Total			100%

Note: There were no Fire Fighters Local 1014 retirees who retired after age 65.

Los Angeles County Other Post Employment Benefits Program

Table A-16: Probability of Medical Plan and Tier Selection for Pre 65 Retirees who Become Eligible for a Post 65 Plan

We assume that Pre 65 retirees and dependents will choose Post 65 plans at age 65 according to the following table:

From Pre Age 65 Eligible Plan	To Post Age 65 Eligible Plan
Blue Cross I	50% Blue Cross I 50% Blue Cross III
Blue Cross II	50% Blue Cross II 50% Blue Cross III
Blue Cross Prudent Buyer	50% Blue Cross Prudent Buyer 50% Blue Cross III
CIGNA Network Model	100% CIGNA Network Model
PacifiCare	100% PacifiCare – Secure Horizons
Kaiser Permanente Retiree Basic	90% Senior Advantage 3% Retiree Excess I 3% Retiree Excess II 4% Excess III (MNP)
Kaiser Permanente Family Basic	65% Two + Advantage 2.5% One Excess I, One Advantage 5% One Advantage, One Excess II 20% One Advantage, One Excess III (MNP) 2.5% One Excess I, Others Excess II 2.5% Two Excess II, Part B 2.5% One Excess II, Others Excess III (MNP)
Fire Fighters Local 1014 Pre Age 65 Plan	100% Fire Fighters Local Post Age 65 Plan

We assume the following Post Medicare Only Plans are for enrollees who are entitled for Medicare Parts A & B:

- Blue Cross III
- CIGNA Healthcare for Seniors (AZ)
- SCAN
- Kaiser Senior Advantage
- PacifiCare – Secure Horizons

We assume that 100% of the retirees are eligible for Medicare with Part B Premium Reimbursement for the following plans:

- PacifiCare Secure Horizons
- Fire Fighters Local 1014 Post Medicare Plan
- Blue Cross III
- CIGNA Healthcare for Seniors (AZ)
- SCAN
- Kaiser Senior Advantage

We assume all other plans' retirees do not elect Part B Premium Reimbursement.

Medicare Part B will be means tested in 2007 where premiums will be higher depending on income status. We assume that the County will not pay the higher premiums, and that there will be no shift in enrollment.

Los Angeles County Other Post Employment Benefits Program

Table A-17: Survivor and New Dependent Enrollment

The valuation methods and assumptions are adjusted with the following considerations from LACERA discussions:

Scenario I

If a dependent or spouse dies, the retiree may enroll a new spouse / domestic partner and / or a new dependent.

- We assume 5% will enroll a new spouse / domestic partner.
- We assume 3% of the retirees will enroll a new dependent.

Scenario II

If a retiree who has a pension option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse has retiree medical, Part B, or dental coverage, the existing spouse or dependent may continue to be enrolled and may also enroll a new spouse / domestic partner and /or a new dependent.

- We assume 90% of the retirees with spouses have a spouse continuance option.
- We assume 15% of the surviving spouse/domestic partners with a continuance option will enroll a new spouse.
- Therefore, we assume 90% of the 15% or 13.5% of the surviving spouses' new spouses will enroll and receive the County subsidy.
- We assume 2% of the surviving spouse / domestic partners will enroll a new dependent.

Scenario III

If a retiree who has a pension option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse does NOT have retiree medical coverage, we assume no additional spouse / domestic partner or dependent will be enrolled.

Los Angeles County Other Post Employment Benefits Program

Table A-18: Probability of Initial Dental / Vision Enrollment

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	15%
10-14	55%
15-19	75%
20-24	85%
25+, Disabled	95%

Table A-19: Probability of Dental/Vision Plan and Tier Selection upon Dental / Vision Retirement Enrollment

<u>Tier</u>	<u>CIGNA Indemnity Dental / Vision</u>			<u>CIGNA HMO Dental / Vision</u>		
	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Survivor</u>	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Survivor</u>
Deduction Code	501	502	503	901	902	903
Percentage	30%	50%	0%	10%	10%	0%

Los Angeles County Other Post Employment Benefits Program

Table A-20: Premium Information

The following premium information is for retirees living in California who have less than 10 years of service and have to pay the full amount. Members who have more than 10 years of service receive a subsidy from the County. Details can be found in Appendix B. The premium rates in Table A-20 include the carriers' administration fees and LACERA's \$3.00 per retiree monthly administration fee.

Pre and Post Age 65 Monthly Rates Effective July 1, 2006 PacifiCare is Pre Age 65 Only

Tier	Blue Cross - Plan I	Blue Cross - Plan II	Blue Cross - Prudent Buyer	CIGNA	PacifiCare
Retiree Only	\$782.78	\$782.78	\$480.87	\$632.02	
Retiree & Spouse	\$1412.40	\$1412.40	\$946.82	\$1140.99	
Retiree & Family	\$1666.30	\$1666.30	\$1068.63	\$1347.43	
Retiree & Children	\$1036.16	\$1036.16	\$618.27	\$ 838.70	
Minor Survivor	\$258.45	\$258.45	\$130.68	\$ 209.68	\$146.53
PacifiCare Single					\$506.20
PacifiCare Two-Party					\$954.11
PacifiCare Family					\$1152.93

Post Age 65 Monthly Rates Effective July 1, 2006

Tier	Blue Cross - Plan III	SCAN	Secure Horizons / PacifiCare
One Medicare	\$269.19		
Retiree & Spouse- 1 Medicare	\$862.15		
Retiree & Spouse- 2 Medicare	\$536.45		
Retiree & Children- 1 Medicare	\$482.54		
Retiree & Family- 1 Medicare	\$1075.44		
Retiree & Family- 2 Medicare	\$749.70		
Retiree Only		\$194.55	\$215.24
Retiree & 1 Dependent (1 Medicare)			\$718.44
Retiree & 1 Dependent (2 Medicare)		\$386.10	\$427.48
Retiree & 2 + Deps. (1 Medicare)			\$861.97
Retiree & 2 + Deps. (2 Medicare)			\$571.01

**Table A-20
(continued)**

Kaiser Monthly Rates Effective July 1, 2006

Retiree Basic (Under 65)	\$547.18
Retiree Cost ("M" Coverage)	\$612.18
Retiree Risk (Senior Advantage)	\$157.72
Retiree Excess	\$684.76
Retiree Excess - Part B	\$597.36
Excess - Medicare Not Provided (MNP)	\$1,001.79
Family Basic	\$1,091.36
One Cost ("M" Coverage), Others Basic	\$1,156.36
One Advantage, Others Basic	\$701.90
One Excess, Others Basic	\$1,228.94
Two+ Cost ("M" Coverage)	\$1,221.36
One Advantage, One Cost ("M" Coverage)	\$766.90
One Excess, One Cost ("M" Coverage)	\$1,293.94
Two+ Advantage	\$312.44
One Excess, One Advantage	\$839.48
Two+ Excess	\$1,366.52
One Excess, One Basic	\$1,141.54
One Excess (MNP), One Basic	\$1,545.97
One Cost ("M" Coverage), One Excess	\$1,206.54
One Cost ("M" Coverage), One Excess (MNP)	\$1,610.97
One Risk, One Excess	\$752.08
One Risk, One Excess (MNP)	\$1,156.51
Two Excess	\$1,279.12
Two Excess, One (MNP)	\$1,683.55
Two Excess - Part B	\$1,279.12
Two Excess - Part B, One (MNP)	\$1,596.15
Two Excess - Both (MNP)	\$2,000.58

Firefighters Local 1014 Monthly Rates Effective July 1, 2006

Medical Member Under 65	\$747.06
Medical Member + 1 Under 65	\$1,347.00
Medical Member + 2 Under 65	\$1,588.91
Medical Member with Medicare	\$747.06
Medical Member + 1; 1 MDC	\$1,347.00
Medical Member + 1; 2 MDC	\$1,347.00
Medical Member + 2; 1 MDC	\$1,588.91
Medical Member + 2; 2 MDC	\$1,588.91
Medical Surviving Spouse Under 65	\$747.06
Medical Surviving Spouse + 1 Under 65	\$1,347.00
Medical Surviving Spouse + 2 Under 65	\$1,588.91
Medical Surviving Spouse with MDC	\$747.06
Medical Surviving Spouse + 1; 1 MDC	\$1,347.00
Medical Surviving Spouse + 2; 1 MDC	\$1,588.91
Medical Surviving Spouse + 1; 2 MDC	\$1,347.00

Dental / Vision Monthly Rates Effective July 1, 2006

<u>Tier</u>	<u>CIGNA Dental HMO/Vision</u>	<u>CIGNA Indemnity Dental/Vision</u>
Retiree Only	\$30.76	\$37.14
Retiree & Dependents	\$65.98	\$80.63
Survivor	\$31.08	\$46.33

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

If a retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the benchmark plan rate (Blue Cross Plans I and II), whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit. The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate.

Dental / Vision

The contribution percentages follow the same contribution proportions based on years of service as the medical plans where the benchmark plan is the indemnity plan.

Service Connected Disability

Any retiree with a service connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental / vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in.

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical, Dental / Vision, and Service Connected Disability

Contributions are the same as for the County.

Los Angeles County Other Post Employment Benefits Program

Table A-21: Claim Cost Analysis

All of the plans' premium rates have been determined based on retiree only information. Active premium rates are established independently. Therefore, no implicit subsidy exists between active and retiree rates. However, some plans pooled the Medicare enrolled and non-Medicare enrolled retirees to determine the rates. The following plans did not pool Medicare and non-Medicare retirees (or have an insignificant Medicare enrollment), so we can assume the premium rates are representative of the average claim costs used to develop the age and gender adjusted claim costs:

- Blue Cross I and II (Combined)
- Blue Cross III
- Blue Cross Prudent Buyer
- CIGNA Healthcare for Seniors (AZ)
- PacifiCare
- PacifiCare Secure Horizons
- SCAN Health Plan
- Kaiser and Kaiser Interregional
 - Basic
 - Senior Advantage
 - Medicare Cost Supplement
 - Excess I
 - Excess II
 - Excess III
- CIGNA Indemnity Dental / Vision
- CIGNA HMO Dental / Vision

The following plans pooled Medicare and non-Medicare retirees to determine premium rates. Therefore, we adjusted the premium rates to compensate for the coordination with Medicare in making our claim cost assumption.

- CIGNA Network Model Plan
- Fire Fighters Local 1014 Plan

For current active members projected to retire in the future, we used the enrollment assumptions in Table A-15 to develop weighted average claim costs as of July 1, 2006. The weighted average claim costs used for future retirees and dependents are shown in the following tables.

Note that the medical claim costs for pre 65 retirees are different than for post 65 retirees due to different plan selection assumptions.

**Table A-21
(continued)**

LACERA Retiree Monthly Medical Claim Costs

A. Future Retirees Retiring Before Age 65

Age	Retiree			Spouse + Dependents			Surviving Spouse + Dependents		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
25	\$ 97.29	\$ 215.58	\$ 153.29	\$ 103.23	\$ 235.60	\$ 238.34	\$ 113.42	\$ 258.86	\$ 261.87
30	\$ 118.55	\$ 247.70	\$ 179.67	\$ 125.79	\$ 256.42	\$ 259.40	\$ 138.20	\$ 281.73	\$ 285.01
35	\$ 148.78	\$ 262.69	\$ 202.68	\$ 157.86	\$ 266.65	\$ 269.75	\$ 173.43	\$ 292.97	\$ 296.38
40	\$ 187.23	\$ 278.00	\$ 229.98	\$ 198.66	\$ 280.95	\$ 284.21	\$ 218.26	\$ 308.68	\$ 312.27
45	\$ 240.42	\$ 312.36	\$ 274.18	\$ 255.09	\$ 315.86	\$ 319.53	\$ 280.27	\$ 347.04	\$ 351.07
50	\$ 316.41	\$ 375.14	\$ 343.97	\$ 335.72	\$ 381.40	\$ 385.83	\$ 368.86	\$ 419.05	\$ 423.91
55	\$ 418.79	\$ 455.07	\$ 436.06	\$ 444.35	\$ 468.76	\$ 474.20	\$ 488.20	\$ 515.03	\$ 521.01
60	\$ 543.23	\$ 545.71	\$ 544.69	\$ 576.38	\$ 570.28	\$ 576.90	\$ 633.26	\$ 626.57	\$ 633.84
65 (Pre 65)	\$ 702.69	\$ 667.39	\$ 685.92	\$ 745.57	\$ 705.08	\$ 713.27	\$ 819.15	\$ 774.67	\$ 783.66
65 (Post 65)	\$ 287.08	\$ 284.85	\$ 285.86	\$ 323.81	\$ 321.10	\$ 322.02	\$ 352.34	\$ 349.39	\$ 350.39
70	\$ 357.51	\$ 337.73	\$ 347.21	\$ 403.25	\$ 386.17	\$ 387.27	\$ 438.78	\$ 420.19	\$ 421.39
75	\$ 414.72	\$ 381.49	\$ 397.16	\$ 467.78	\$ 440.31	\$ 441.56	\$ 508.99	\$ 479.10	\$ 480.47
80	\$ 451.39	\$ 414.17	\$ 431.83	\$ 509.15	\$ 478.59	\$ 479.95	\$ 554.00	\$ 520.75	\$ 522.24
85	\$ 463.76	\$ 427.40	\$ 444.72	\$ 523.10	\$ 493.13	\$ 494.53	\$ 569.18	\$ 536.57	\$ 538.10
90	\$ 464.63	\$ 429.08	\$ 445.99	\$ 524.08	\$ 494.66	\$ 496.06	\$ 570.25	\$ 538.23	\$ 539.77
95	\$ 464.63	\$ 429.08	\$ 445.99	\$ 524.08	\$ 494.66	\$ 496.06	\$ 570.25	\$ 538.23	\$ 539.77

B. Future Retirees Retiring After Age 65

Age	Retiree			Spouse/Dependents			Survivor		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
25	N/A	N/A	N/A	\$ 103.59	\$ 236.44	\$ 239.20	\$ 106.89	\$ 243.96	\$ 246.80
30	N/A	N/A	N/A	\$ 126.23	\$ 257.33	\$ 260.34	\$ 130.24	\$ 265.52	\$ 268.61
35	N/A	N/A	N/A	\$ 158.41	\$ 267.60	\$ 270.72	\$ 163.45	\$ 276.11	\$ 279.32
40	N/A	N/A	N/A	\$ 199.36	\$ 281.95	\$ 285.23	\$ 205.70	\$ 290.91	\$ 294.29
45	N/A	N/A	N/A	\$ 256.00	\$ 316.99	\$ 320.67	\$ 264.14	\$ 327.06	\$ 330.86
50	N/A	N/A	N/A	\$ 336.92	\$ 382.76	\$ 387.21	\$ 347.63	\$ 394.92	\$ 399.51
55	N/A	N/A	N/A	\$ 445.93	\$ 470.43	\$ 475.90	\$ 460.11	\$ 485.38	\$ 491.02
60	N/A	N/A	N/A	\$ 578.43	\$ 572.31	\$ 578.96	\$ 596.82	\$ 590.50	\$ 597.36
65 (Pre 65)	N/A	N/A	N/A	\$ 748.23	\$ 707.59	\$ 715.81	\$ 772.01	\$ 730.08	\$ 738.56
65 (Post 65)	\$ 221.31	\$ 219.59	\$ 220.37	\$ 195.28	\$ 193.64	\$ 194.19	\$ 205.60	\$ 203.88	\$ 204.46
70	\$ 275.61	\$ 260.36	\$ 267.67	\$ 243.19	\$ 232.88	\$ 233.55	\$ 256.04	\$ 245.20	\$ 245.89
75	\$ 319.71	\$ 294.10	\$ 306.18	\$ 282.11	\$ 265.53	\$ 266.29	\$ 297.01	\$ 279.58	\$ 280.36
80	\$ 347.98	\$ 319.30	\$ 332.91	\$ 307.06	\$ 288.61	\$ 289.44	\$ 323.27	\$ 303.89	\$ 304.73
85	\$ 357.52	\$ 329.50	\$ 342.85	\$ 315.48	\$ 297.38	\$ 298.23	\$ 332.13	\$ 313.12	\$ 313.99
90	\$ 358.19	\$ 330.80	\$ 343.83	\$ 316.07	\$ 298.30	\$ 299.15	\$ 332.75	\$ 314.09	\$ 314.96
95	\$ 358.19	\$ 330.80	\$ 343.83	\$ 316.07	\$ 298.30	\$ 299.15	\$ 332.75	\$ 314.09	\$ 314.96

The Firefighters Local 1014 and dental claim costs are shown in the tables on the following page.

**Table A-21
(continued)**

Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree			Spouse + Dependents			Surviving Spouse + Dependents		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
25	\$ 133.50	\$ 297.53	\$ 144.14	\$ 131.64	\$ 299.69	\$ 343.97	\$ 146.54	\$ 333.62	\$ 382.90
30	\$ 162.67	\$ 341.87	\$ 174.29	\$ 160.40	\$ 326.17	\$ 370.20	\$ 178.56	\$ 363.10	\$ 412.10
35	\$ 204.14	\$ 362.55	\$ 214.42	\$ 201.29	\$ 339.18	\$ 376.83	\$ 224.08	\$ 377.58	\$ 419.49
40	\$ 256.91	\$ 383.68	\$ 265.06	\$ 253.32	\$ 357.36	\$ 387.58	\$ 282.00	\$ 397.82	\$ 431.46
45	\$ 329.89	\$ 431.10	\$ 336.36	\$ 325.29	\$ 401.77	\$ 426.27	\$ 362.11	\$ 447.25	\$ 474.53
50	\$ 434.16	\$ 517.75	\$ 439.51	\$ 428.11	\$ 485.13	\$ 506.23	\$ 476.57	\$ 540.05	\$ 563.54
55	\$ 574.64	\$ 628.07	\$ 578.15	\$ 566.62	\$ 596.24	\$ 612.18	\$ 630.77	\$ 663.74	\$ 681.48
60	\$ 745.38	\$ 753.17	\$ 745.99	\$ 734.98	\$ 725.37	\$ 733.71	\$ 818.19	\$ 807.49	\$ 816.77
65 (Pre 65)	\$ 964.18	\$ 921.11	\$ 961.36	\$ 950.73	\$ 896.83	\$ 897.53	\$ 1,058.36	\$ 998.36	\$ 999.13
65 (Post 65)	\$ 566.80	\$ 563.49	\$ 566.19	\$ 552.44	\$ 546.85	\$ 546.90	\$ 614.97	\$ 608.75	\$ 608.81
70	\$ 705.86	\$ 668.11	\$ 700.52	\$ 687.98	\$ 657.67	\$ 648.71	\$ 765.85	\$ 732.11	\$ 722.15
75	\$ 818.81	\$ 754.68	\$ 808.87	\$ 798.07	\$ 749.87	\$ 732.96	\$ 888.40	\$ 834.75	\$ 815.94
80	\$ 891.22	\$ 819.34	\$ 880.16	\$ 868.64	\$ 815.06	\$ 795.79	\$ 966.96	\$ 907.32	\$ 885.88
85	\$ 915.65	\$ 845.50	\$ 905.00	\$ 892.45	\$ 839.82	\$ 821.17	\$ 993.46	\$ 934.88	\$ 914.13
90	\$ 917.36	\$ 848.83	\$ 906.96	\$ 894.12	\$ 842.42	\$ 824.38	\$ 995.32	\$ 937.78	\$ 917.71
95	\$ 917.36	\$ 848.83	\$ 906.96	\$ 894.12	\$ 842.42	\$ 824.38	\$ 995.32	\$ 937.78	\$ 917.71

Future Retiree Monthly Dental/Vision Claim Costs

Age	Retiree			Spouse + Dependents			Surviving Spouse + Dependents		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
25	\$ 21.71	\$ 26.86	\$ 24.70	\$ 26.10	\$ 32.29	\$ 29.69	\$ 27.10	\$ 33.56	\$ 30.85
30	\$ 22.36	\$ 26.73	\$ 24.90	\$ 26.89	\$ 32.13	\$ 29.93	\$ 27.92	\$ 33.39	\$ 31.10
35	\$ 23.97	\$ 28.42	\$ 26.55	\$ 28.82	\$ 34.16	\$ 31.92	\$ 29.93	\$ 35.50	\$ 33.17
40	\$ 26.79	\$ 31.08	\$ 29.27	\$ 32.20	\$ 37.35	\$ 35.19	\$ 33.45	\$ 38.82	\$ 36.57
45	\$ 29.89	\$ 33.45	\$ 31.95	\$ 35.93	\$ 40.20	\$ 38.41	\$ 37.33	\$ 41.78	\$ 39.92
50	\$ 32.37	\$ 35.17	\$ 33.99	\$ 38.91	\$ 42.27	\$ 40.86	\$ 40.43	\$ 43.93	\$ 42.47
55	\$ 33.92	\$ 36.01	\$ 35.13	\$ 40.77	\$ 43.28	\$ 42.23	\$ 42.37	\$ 44.98	\$ 43.89
60	\$ 34.83	\$ 36.57	\$ 35.84	\$ 41.86	\$ 43.96	\$ 43.08	\$ 43.50	\$ 45.68	\$ 44.77
65	\$ 34.96	\$ 36.87	\$ 36.07	\$ 42.02	\$ 44.32	\$ 43.35	\$ 43.67	\$ 46.05	\$ 45.05
70	\$ 34.87	\$ 36.89	\$ 36.04	\$ 41.91	\$ 44.34	\$ 43.32	\$ 43.55	\$ 46.08	\$ 45.02
75	\$ 34.87	\$ 36.89	\$ 36.04	\$ 41.91	\$ 44.34	\$ 43.32	\$ 43.55	\$ 46.08	\$ 45.02
80	\$ 34.87	\$ 36.89	\$ 36.04	\$ 41.91	\$ 44.34	\$ 43.32	\$ 43.55	\$ 46.08	\$ 45.02
85	\$ 34.87	\$ 36.89	\$ 36.04	\$ 41.91	\$ 44.34	\$ 43.32	\$ 43.55	\$ 46.08	\$ 45.02
90	\$ 34.87	\$ 36.89	\$ 36.04	\$ 41.91	\$ 44.34	\$ 43.32	\$ 43.55	\$ 46.08	\$ 45.02
95	\$ 34.87	\$ 36.89	\$ 36.04	\$ 41.91	\$ 44.34	\$ 43.32	\$ 43.55	\$ 46.08	\$ 45.02

**Table A-21
(continued)**

For current retired members, spouses, and dependents, the claim costs are based on the actual premiums by deduction code, adjusted for age and gender. The tables below show the age 65 adjusted claim costs. Adjustments by age and gender are based on the same methodology used in the tables above.

Table A-21
(continued)

Non Local 1014 Fire Fighters Retirees														
Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65				Post 65 Claim Costs for Pre 65			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv		
201	Blue Cross Prudent Buyer Plan	Retiree Only	\$ 431.63				\$ 431.63			\$ 315.20				
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	\$ 431.63	\$ 499.73			\$ 431.63	\$ 499.73		\$ 315.20	\$ 353.93			
203	Blue Cross Prudent Buyer Plan	Retiree and Family	\$ 431.63	\$ 499.73	\$ 556.97		\$ 431.63	\$ 499.73		\$ 315.20	\$ 353.93			
204	Blue Cross Prudent Buyer Plan	Retiree and Children	\$ 431.63		\$ 556.97		\$ 431.63			\$ 315.20				
205	Blue Cross Prudent Buyer Plan	Minor Survivor				\$ 515.73			\$ 515.73	\$ 315.20				
211	Blue Cross I	Retiree Only	\$ 481.65				\$ 481.65			\$ 340.21				
212	Blue Cross I	Retiree and Spouse	\$ 481.65	\$ 457.40			\$ 481.65	\$ 457.40		\$ 340.21	\$ 332.77			
213	Blue Cross I	Retiree, Spouse and Children	\$ 481.65	\$ 457.40	\$ 848.93		\$ 481.65	\$ 457.40		\$ 340.21	\$ 332.77			
214	Blue Cross I	Retiree and Children	\$ 481.65		\$ 848.93		\$ 481.65			\$ 340.21				
215	Blue Cross I	Minor Survivor				\$ 568.67			\$ 568.67		\$ 568.67			
221	Blue Cross II	Retiree Only	\$ 896.81				\$ 896.81			\$ 547.79				
222	Blue Cross II	Retiree and Spouse	\$ 896.81	\$ 813.34			\$ 896.81	\$ 813.34		\$ 547.79	\$ 510.74			
223	Blue Cross II	Retiree, Spouse and Children	\$ 896.81	\$ 813.34	\$ 1,230.30		\$ 896.81	\$ 813.34		\$ 547.79	\$ 510.74			
224	Blue Cross II	Retiree and Children	\$ 896.81		\$ 1,230.30		\$ 896.81			\$ 547.79				
240	Blue Cross III	One Medicare					\$ 198.77			\$ 198.77				
241	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 729.03	\$ 729.03			\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
242	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 729.03	\$ 729.03			\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
243	Blue Cross III	Retiree and Spouse 2 Medicare					\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
244	Blue Cross III	Retiree and Children 1 Medicare	\$ 729.03		\$ 782.37		\$ 198.77			\$ 198.77				
245	Blue Cross III	Retiree and Children 1 Medicare	\$ 729.03	\$ 729.03	\$ 782.37		\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
246	Blue Cross III	Retiree and Family 1 Medicare	\$ 729.03	\$ 729.03	\$ 782.37		\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
247	Blue Cross III	Retiree and Family 1 Medicare	\$ 729.03	\$ 729.03	\$ 782.37		\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
248	Blue Cross III	Retiree and Family 2 Medicare	\$ 729.03	\$ 729.03	\$ 782.37		\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
249	Blue Cross III	Retiree and Family 2 Medicare	\$ 729.03	\$ 729.03	\$ 782.37		\$ 198.77	\$ 208.13		\$ 198.77	\$ 208.13			
301	CIGNA Network Model Plan	Retiree Only	\$ 739.02				\$ 551.96			\$ 551.96				
302	CIGNA Network Model Plan	Retiree and Spouse	\$ 739.02	\$ 631.07			\$ 551.96	\$ 466.15		\$ 551.96	\$ 466.15			
303	CIGNA Network Model Plan	Retiree and Family	\$ 739.02	\$ 631.07			\$ 551.96	\$ 466.15		\$ 551.96	\$ 466.15			
304	CIGNA Network Model Plan	Retiree and Children	\$ 739.02		\$ 891.81		\$ 551.96			\$ 551.96				
305	CIGNA Network Model Plan	Minor Survivor				\$ 783.64			\$ 578.85		\$ 578.85			
321	CIGNA Healthcare for Seniors AZ	Risk-Retiree Only					\$ 135.43			\$ 135.43				
322	CIGNA Healthcare for Seniors AZ	Risk-Retiree & Spouse	\$ 739.02	\$ 631.07			\$ 135.43	\$ 139.38		\$ 135.43	\$ 139.38			
324	CIGNA Healthcare for Seniors AZ	Risk-Retiree & Spouse (Both Risk)					\$ 135.43	\$ 139.38		\$ 135.43	\$ 139.38			
401	Kaiser (CA) Basic	Retiree Basic (Under 65)	\$ 692.74							\$ 167.76				
402	Kaiser (CA)	Retiree Cost ("W" Coverage) Supp					\$ 465.79							
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 120.00							
404	Kaiser (CA)	Retiree Excess I					\$ 521.01							
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 454.51							
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 762.23							
411	Kaiser (CA) Basic	Family Basic	\$ 692.74	\$ 730.93						\$ 227.37	\$ 236.08			



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Table A-21
(continued)

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65				Post 65 Claim Costs for Pre 65			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv		
412	Kaiser (CA)	One Cost ("M" Coverage) Supp, Others Basic	\$ 692.74	\$ 730.93			\$ 465.79	\$ 482.59		\$ 465.79	\$ 236.08			
413	Kaiser (CA)	One Advantage, Others Basic	\$ 692.74	\$ 730.93			\$ 120.00	\$ 122.57		\$ 120.00	\$ 236.08			
414	Kaiser (CA)	One Excess I, Others Basic	\$ 692.74	\$ 730.93			\$ 521.01	\$ 540.09		\$ 521.01	\$ 236.08			
415	Kaiser (CA)	Two+ Cost ("M" Coverage) Supp					\$ 465.79	\$ 482.59		\$ 465.79				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage) Supp					\$ 292.90	\$ 302.58		\$ 292.90				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage) Supp					\$ 493.40	\$ 511.34		\$ 493.40				
418	Kaiser (CA)	Two+ Advantage					\$ 120.00	\$ 122.57		\$ 120.00				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 320.51	\$ 331.33		\$ 320.51				
420	Kaiser (CA)	Two+ Excess I					\$ 521.01	\$ 540.09		\$ 521.01				
421	Kaiser (CA) Basic	Survivor				\$ 734.95			\$ 542.47		\$ 542.47			
422	Kaiser (CA)	One Excess II, One Basic	\$ 692.74	\$ 730.93			\$ 454.51	\$ 540.09		\$ 454.51	\$ 236.08			
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 692.74	\$ 730.93			\$ 762.23	\$ 791.24		\$ 762.23	\$ 236.08			
424	Kaiser (CA)	One Cost ("M" Coverage) Supp , One Excess II					\$ 460.15	\$ 476.72		\$ 460.15				
425	Kaiser (CA)	One Cost ("M" Coverage) Supp, One Excs (MNP) III					\$ 614.01	\$ 636.91		\$ 614.01				
426	Kaiser (CA)	One Advantage, One Excess II					\$ 287.26	\$ 296.71		\$ 287.26				
427	Kaiser (CA)	One Advantage, One Excess III(MNP)					\$ 441.12	\$ 456.90		\$ 441.12				
428	Kaiser (CA)	One Excess I, Others Excess II					\$ 487.76	\$ 505.47		\$ 487.76				
429	Kaiser (CA)	One Excess I, Others Excess III (MNP)					\$ 641.62	\$ 665.66		\$ 641.62				
430	Kaiser (CA)	Two + Excess II- Part B					\$ 454.51	\$ 540.09		\$ 454.51				
431	Kaiser (CA)	One Excess II, Others Excess III (MNP)					\$ 608.37	\$ 631.04		\$ 608.37				
432	Kaiser (CA)	Two Excess - Both III (MNP)					\$ 762.23	\$ 791.24		\$ 762.23				
441	Kaiser - Georgia	Retiree Risk with Part A only	\$ 652.50				\$ 469.07			\$ 469.07				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 652.50				\$ 176.51			\$ 176.51				
451	Kaiser - Colorado	Retiree Risk												
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 652.50	\$ 833.64			\$ 181.07	\$ 186.96		\$ 181.07	\$ 186.96			
454	Kaiser - Colorado	Retiree Basic Family	\$ 652.50	\$ 833.64	\$ 1,262.80									
455	Kaiser - Colorado	One Risk, One Basic	\$ 652.50	\$ 833.64			\$ 181.07	\$ 186.96		\$ 181.07	\$ 186.96			
457	Kaiser - Colorado	Two Retiree Risk					\$ 174.23	\$ 179.90		\$ 174.23				
458	Kaiser - Colorado	One Risk, Two + Basic	\$ 652.50	\$ 833.64	\$ 1,262.80		\$ 176.51	\$ 182.25		\$ 176.51	\$ 182.25			
459	Kaiser - Colorado	Two Risk, Two or More Basic	\$ 652.50	\$ 833.64	\$ 1,262.80		\$ 176.51	\$ 182.25		\$ 176.51	\$ 182.25			
461	Kaiser - Georgia Basic	Basic	\$ 732.73							\$ 159.91				
462	Kaiser - Georgia	Retiree Risk					\$ 159.91			\$ 159.91	\$ 162.76			
463	Kaiser - Georgia	Retiree (Two Party) Basic	\$ 732.73	\$ 742.83			\$ 119.93	\$ 121.48		\$ 119.93	\$ 162.76			
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 732.73	\$ 814.15										
466	Kaiser - Georgia	Two Retiree Risk					\$ 159.91	\$ 162.76		\$ 159.91				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 477.45							\$ 170.68				
472	Kaiser - Hawaii	Retiree Risk					\$ 170.68			\$ 170.68				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 756.44			\$ 756.44				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 477.45	\$ 482.61							\$ 173.88			
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 477.45	\$ 482.61	\$ 1,160.51					\$ 168.40	\$ 173.88			
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 477.45	\$ 482.61						\$ 168.40	\$ 173.88			
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 477.45	\$ 482.61			\$ 756.44	\$ 778.71		\$ 756.44				

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Table A-21
(continued)

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65				Post 65 Claim Costs for Pre 65			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	Retiree	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 768.16								\$ 224.61		\$ 224.61	
482	Kaiser - Oregon	Retiree Risk								\$ 224.61				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B								\$ 438.85				
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 764.17	\$ 783.01									\$ 224.61	\$ 229.57
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 768.16	\$ 783.01	\$ 1,873.10								\$ 222.33	\$ 229.57
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 764.17	\$ 783.01						\$ 224.61	\$ 229.57		\$ 222.33	\$ 229.57
488	Kaiser - Oregon	Two Retiree Risk								\$ 222.33	\$ 229.57			
489	Kaiser - Oregon	Retiree w/ Part A only								\$ 613.87				
491	Kaiser - Oregon	One Risk, One Medicare Part A only								\$ 222.33	\$ 633.85			
493	Kaiser - Oregon	One Risk, Two Basic	\$ 768.16	\$ 783.01	\$ 1,873.10					\$ 224.61	\$ 229.57		\$ 224.61	\$ 229.57
494	Kaiser - Oregon	Two Risk, One Basic	\$ 768.16	\$ 783.01	\$ 1,873.10					\$ 222.33	\$ 229.57		\$ 222.33	\$ 229.57
495	Kaiser - Oregon	Two Over 65 unassigned Medicare								\$ 438.85	\$ 450.77			
496	Kaiser - Oregon	Two Medicare Part A only								\$ 613.87	\$ 631.50			
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 768.16	\$ 783.01						\$ 613.87	\$ 631.50			
611	SCAN Health Plan	Retiree Only								\$ 136.30				
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)								\$ 136.30	\$ 138.45			
701	Pacific Care - Secure Horizons	Retiree Only								\$ 163.13				
702	Pacific Care - Secure Horizons	Retiree & 1 Dependent (1 Medicare)	\$ 661.53	\$ 624.27						\$ 163.13	\$ 166.28			
703	Pacific Care - Secure Horizons	Retiree & 1 Dependent (2 Medicare)								\$ 163.13	\$ 166.28			
704	Pacific Care - Secure Horizons	Retiree & 2 + Deps. (1 Medicare)	\$ 661.53	\$ 624.27						\$ 163.13	\$ 166.28			
705	Pacific Care - Secure Horizons	Retiree & 2 + Deps. (2 Medicare)	\$ 661.53	\$ 624.27	\$ 860.71					\$ 163.13	\$ 166.28			
707	PacificCare	Single	\$ 661.53											
708	PacificCare	Two-Party	\$ 661.53	\$ 624.27	\$ 860.71									
709	PacificCare	Family	\$ 661.53	\$ 624.27	\$ 860.71									

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

**Table A-21
(continued)**

Fire Fighters Local 1014 Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65				Post 65 Claim Costs for Pre 65			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	Retiree	Surv
801	Fire Fighters Local 1014	Med-Member under 65	\$ 961.36				\$ 548.79			\$ 548.79			\$ 548.79	
802	Fire Fighters Local 1014	Med-Member +1 under 65	\$ 961.36	\$ 802.37	\$ 936.32		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92
803	Fire Fighters Local 1014	Med-Member +2 under 65	\$ 961.36	\$ 802.37	\$ 936.32		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92
804	Fire Fighters Local 1014	Med-Member or Surviving Sp with Medicare					\$ 548.79			\$ 548.79			\$ 548.79	
805	Fire Fighters Local 1014	Med-Member +1; 1 MDC	\$ 961.36	\$ 802.37	\$ 936.32		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92
806	Fire Fighters Local 1014	Med-Member +1; 2 MDC	\$ 961.36	\$ 802.37	\$ 936.32		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92
807	Fire Fighters Local 1014	Med-Member +2; 1 MDC	\$ 961.36	\$ 802.37	\$ 936.32		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92
808	Fire Fighters Local 1014	Med-Member +2; 2 MDC					\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92		\$ 548.79	\$ 488.92
809	Fire Fighters Local 1014	Med-Surv. Sp. Under 65				\$ 999.13				\$ 999.13				
810	Fire Fighters Local 1014	Med-Surv. Sp. +1 Under 65			\$ 936.32	\$ 999.13				\$ 936.32	\$ 999.13			
811	Fire Fighters Local 1014	Med-Surv. Sp. +2 Under 65			\$ 936.32	\$ 999.13				\$ 936.32	\$ 999.13			
812	Fire Fighters Local 1014	Med-Surv. Sp. With MDC												
814	Fire Fighters Local 1014	Med-Surv. Sp. +2; 1 MDC												
815	Fire Fighters Local 1014	Med-Surv. Sp. +1; 2 MDC												

Dental/Vision

Deduction Code	Plan	Tier	Age Gender adjusted rates		
			Retiree	Sp/Dep	Surv
501	CIGNA Indemnity Dental/Vision	Retiree Only	\$37.32		
502	CIGNA Indemnity Dental/Vision	Family	\$37.32	\$44.61	
503	CIGNA Indemnity Dental/Vision	Survivor			\$47.52
901	CIGNA Dental HMO/Vision	Retiree Only	\$31.10		
902	CIGNA Dental HMO/Vision	Family	\$31.10	\$37.05	
903	CIGNA Dental HMO/Vision	Survivor			\$32.70

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Table A-22: Health Cost Trend Assumptions*

Year	LACERA Medical		Firefighters Local 1014	Part B Premiums	Dental Under and Over 65
	Under 65	Over 65	Under and Over 65		
2006 - 2007	6.50%	15.00%	11.50%	11.50%	7.20%
2007 - 2008	11.00%	13.50%	11.00%	11.00%	3.00%
2008 - 2009	10.50%	13.25%	10.50%	10.50%	3.00%
2009 - 2010	10.00%	12.50%	10.00%	10.00%	3.00%
2010 - 2011	9.50%	11.75%	9.50%	9.50%	3.00%
2011 - 2012	9.00%	11.00%	9.00%	9.00%	3.00%
2012 - 2013	8.25%	10.00%	8.25%	8.25%	3.00%
2013 - 2014	7.25%	8.50%	7.25%	7.25%	3.00%
2014 - 2015	6.25%	6.75%	6.25%	6.25%	3.00%
2015 - 2016	5.25%	5.75%	5.25%	5.25%	3.00%
2016+	5.00%	5.25%	5.00%	5.00%	3.00%

* The first year trend rates for LACERA medical and dental plans were adjusted to reflect actual premium increases effective July 1, 2007.

Los Angeles County Other Post Employment Benefits Program

Table A-23: Retirement of Terminated Members

Annual Rates			
Age	General Plans A, B, C & D	General Plan E	Safety Plans A&B
<40	0%	0%	0%
40	0	0	14
41	0	0	14
42	0	0	14
43	0	0	14
44	0	0	14
45	0	0	14
46	0	0	14
47	0	0	14
48	0	0	14
49	0	0	14
50	25	0	22
51	9	0	22
52	9	0	5
53	9	0	5
54	9	0	5
55	9	25	33
56	9	9	33
57	9	9	18
58	9	9	18
59	9	9	18
60	9	9	100
61	9	9	100
62	30	13	100
63	24	15	100
64	24	20	100
65	24	28	100
66	24	12	100
67	24	12	100
68	24	12	100
69	24	12	100
70	24	25	100
71	24	25	100
72	24	25	100
73	24	25	100
74	24	25	100
75 or older	100	100	100

Los Angeles County Other Post Employment Benefits Program

Appendix B: Summary of Plan Provisions

The following description of retiree health and death benefits is intended to be only a brief summary. For details, reference should be made to the County and LACERA agreements, and employee booklets.

All actuarial calculations are based on our understanding of the statutes governing the LACERA as contained in the County Employees Retirement Plan (CERL) of 1937, with provisions adopted by the LACERA Board, effective through July 1, 2002. The benefit and contribution provisions of this law are summarized briefly below, along with corresponding references to the State Code. This summary does not attempt to cover all the detailed provisions of the law. In addition to those benefits in effect through July 1, 2003, we have also reflected the new domestic partner provisions in this valuation.

ELIGIBILITY FOR RETIREE HEALTH AND DEATH BENEFITS

Employees are eligible for the LACERA-administered Health Care and Death Benefits Program if they are a member of LACERA and retire from The County of Los Angeles or Participating agencies of the County of Los Angeles. Health care benefits are also offered to qualifying survivors of deceased active employees who are eligible to retire at the time of death and retired members. Since eligibility for retiree qualifying health and death benefits is dependent on receipt of a pension benefit, the eligibility and other aspects of the pension benefits are applicable for retirement health and death benefits.

New retirees have 60 days to sign up for medical and dental coverage. If a retiree applies for coverage after the 60 day window, there is a waiting period of 6 months for medical enrollment and 1 year for dental enrollment.

If a retiree's spouse or domestic partner is also a LACERA retiree there cannot be dual coverage. If the spouse or domestic partner is covering the retiree under medical or dental, the retiree may not enroll again as a retiree in medical or dental.

LACERA MEMBERSHIP

Permanent employees of Los Angeles County (County) and participating districts who work $\frac{3}{4}$ time or more are eligible for membership in LACERA.

Employees eligible for safety membership (law enforcement, fire fighting and lifeguards) become safety members on the first day of the month after date of hire.

All other employees become general members on the first day of the month after date of hire, or the first day of the month after they make an election of either Plan D or Plan E, depending on the law in effect at that time.

Elective officers become members on the first day of the month after filing a declaration with the Board of Retirement (Board).

RETIREMENT PLANS

The County has established seven defined benefit plans (General Plans A, B, C, D and E and Safety Plans A and B) based on a member's date of entry into LACERA.

- Plan A:** General and safety members – prior to September 1977.
- Plan B:** General members – September 1977 through September 1978.
Safety members – September 1977 to present.
- Plan C:** General members – October 1978 through May 1979.
- Plan D:** General members – hired June 1979 through January 3, 1982; and those hired on or after January 4, 1982 and elect Plan D instead of Plan E; or, former Plan E general members who elected to transfer to Plan D.
- Plan E:** General members – hired on or after January 4, 1982, unless they elect Plan D; or, former general members in Plans A-D who elected to transfer to Plan E.

SERVICE RETIREMENT ELIGIBILITY

- Plans A-D:**
- General members:**
Age 50 with 10 years of County service;
Any age with 30 years of service; or
Age 70 regardless of service.
- Safety members:**
Age 50 with 10 years of County service;
Any age with 20 years of service; or
Age 60 regardless of service (Mandatory retirement age for members hired before April 1, 1997). No mandatory retirement for members hired on or after April 1, 1997.
- Plan E:** Age 65 with 10 years of service.
- A reduced pension benefit is also payable at age 55 with 10 years of service.

DEFERRED VESTED ELIGIBILITY

Plans A-D: 5 years of county or reciprocal service. Member contributions must be left on deposit.

Plan E: Age 55 with 10 years of service.

SERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D: Any age or years of service; disability must result from occupational injury or disease, and member must be permanently incapacitated for the performance of duty.

Plan E: Not available under Plan E.

NONSERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D: Any age with 5 years of service and permanently incapacitated for the performance of duty.

Plan E: Not available under Plan E.

SERVICE-CONNECTED DEATH ELIGIBILITY

Plans A-D: Active members who die in service as a result of injury or disease arising out of and in the course of employment.

Plan E: Not available under Plan E.

NONSERVICE-CONNECTED DEATH ELIGIBILITY

Plans A-D: Active members who die while in service or while physically or mentally incapacitated for the performance of duty.

Plan E: Not available under Plan E.

ELIGIBLE SURVIVING DEPENDENTS

In order for a survivor of an active member to receive health benefits, the LACERA active member has to be eligible for retirement at date of death. In order for a survivor of a retired member to be eligible to receive health benefits, the retired member needed to have had a pension option which qualified as eligible for continuing retirement benefits to the survivor. The survivor can be covered independently of if they had medical coverage on the date of the retired member's death. If one of these requirements is met, the following survivors are eligible for health benefits:

- A surviving spouse or domestic partner
- Surviving children who are unmarried and natural or legally adopted or stepchildren. Must be under age 19 or up to age 23 and enrolled as full-time students and depend on financial support
- A new spouse or domestic partner
- A newborn child, or newly acquired legally adopted children

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

If a retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the benchmark plan rate (Blue Cross Plans I and II), whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit.

The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate.

Dental / Vision

The contribution percentages follow the same contribution proportions based on years of service as the medical plans where the benchmark plan is the indemnity plan.

Disability

Any retiree with a service connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental / vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in.

Firefighters Local 1014 Contributions Towards Retiree Health Benefits

Medical, Dental / Vision, and Disability

Contributions are the same as for the County.

DEATH BENEFIT PLAN

There is a one time \$5,000 death benefit payable to the designated beneficiary upon the death of retirees in the General Plans A, B, C, D, and E and the Safety Plans A and B. Actives and Vested Terminated Inactives are eligible for this benefit once they retire. Spouses and Dependents are not eligible for this death benefit upon their death. This benefit does not go through the 401(h) or any other funding vehicle; rather, it is billed directly to the County on a monthly basis.

HEALTH BENEFIT PLAN DESCRIPTIONS ARE IN APPENDIX E, F, G and H

Appendix E

Medical Plan Descriptions:

<http://www.lacera.com/communications/PDF/06HealthCareRates/2006PlanComparison.pdf>
http://www.lacera.com/communications/PDF/06HealthCareRates/207_kaiser%20out-of-area.pdf
http://www.lacera.com/communications/PDF/06HealthCareRates/2006PlanComparison_Medicare.pdf

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

<http://www.local1014medical.org/docs/Summary%20Plan%20Description%202007.pdf>

Appendix G

Dental and Vision Plan Description:

http://www.lacera.com/health_care/Health_Care_Plans/CIGNA_Dental_Vision_Plan/cigna_dental_vision_plan.html

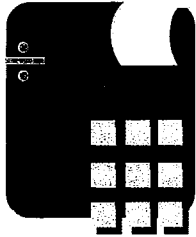
Appendix H

Medicare Part B Reimbursement Plan Description:

http://www.lacera.com/health_care/Medicare_Eligibility/Medicare_B.html

Los Angeles County Other Post Employment Benefits Program

Appendix C: Valuation Data and Schedules



Data on LACERA membership as of June 30, 2006, was supplied to us by the system staff. Active and deferred vested data is used from the pension valuation. Data for retired members and dependents was provided separately for this valuation. On the following tables, we present a summary of LACERA membership at June 30, 2006, for active, deferred vested and retired members.

Exhibit C-1: Summary of Active Members

Exhibit C-2: Summary of Deferred Vested Members

Exhibit C-3: Summary of Retired Members, Spouses and Dependents

Exhibit C-4: Age and Service Distribution of Active Members

Exhibit C-5: Age and Service Distribution of Deferred Vested Members

Exhibit C-6: Age and Service Distributions of Retired Members in Medical Plans

Exhibit C-7: Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

Exhibit C-8: Age and Service Distributions of Retired Members in Dental/Vision Plans

Exhibit C-9: Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

Exhibit C-10: Medical and Dental/Vision Plan Distributions of Retired Members, Spouses and Dependents Pre and Post Age 65

Exhibit C-11: Treatment of Incomplete Data

Note that Exhibits C-1 through C-9 were prepared using an "age nearest birthday" basis for calculating ages as used by our valuation system. Exhibit C-10 was prepared using an "attained age" basis to reflect when someone becomes 65.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-1: Summary of Active Members

	Sex	Members	Annual Salary	Average Age	Average Credited Service
General Members- LA County*					
Plan A	M	1,105	\$ 89,926,428	58.8	32.6
	F	1,879	120,610,212	57.4	32.3
Plan B	M	116	9,551,616	56.9	28.6
	F	231	14,560,668	55.9	27.8
Plan C	M	87	7,001,208	56.2	27.6
	F	173	10,700,736	55.7	27.0
Plan D	M	13,849	811,571,964	44.2	9.8
	F	27,111	1,410,170,172	43.1	9.7
Plan E	M	6,952	446,564,820	50.4	17.9
	F	20,205	1,008,714,792	46.6	14.8
Total		71,708	\$ 3,929,372,616	45.8	13.0

Safety Members- LA County*

Plan A	M	368	\$ 41,406,264	55.1	32.0
	F	51	5,443,440	53.9	31.7
Plan B	M	6,961	562,367,376	40.2	14.2
	F	1,239	96,810,492	38.4	12.0
Total		8,619	\$ 706,027,572	40.7	14.7

General Members- Local 1014

Plan A	M	5	\$ 480,360	59.0	31.5
	F	2	145,848	55.5	28.9
Plan B	M	-	-	-	-
	F	-	-	-	-
Plan C	M	-	-	-	-
	F	-	-	-	-
Plan D	M	87	5,814,516	41.6	10.5
	F	62	3,945,240	41.0	11.2
Plan E	M	24	1,705,116	48.8	13.1
	F	27	1,586,100	43.1	11.0
Total		207	\$ 13,677,180	43.0	11.8

Safety Members- Local 1014

Plan A	M	113	\$ 12,968,472	55.1	36.3
	F	-	-	-	-
Plan B	M	2,700	247,587,504	42.3	15.2
	F	30	2,581,980	39.9	10.8
Total		2,843	\$ 263,137,956	42.8	16.0

* LA County group does not include Local 1014 and Superior Court Members.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-1 (Continued): Summary of Active Members

General Members- Superior Court

Plan A	M	56	\$	5,760,984	60.0	30.4
	F	143		10,343,844	56.6	31.0
Plan B	M	8		919,824	60.8	26.0
	F	18		1,335,480	54.6	29.2
Plan C	M	1		152,616	53.0	27.7
	F	16		1,111,464	53.1	27.5
Plan D	M	638		42,223,332	44.9	10.9
	F	2,365		141,992,628	43.9	10.8
Plan E	M	381		24,586,776	46.7	16.0
	F	1,578		92,880,492	45.2	13.5
Total		5,204	\$	321,307,440	45.2	12.9

All General Members

Plan A	M	1,166	\$	96,167,772	58.8	32.5
	F	2,024		131,099,904	57.4	32.2
Plan B	M	124		10,471,440	57.1	28.5
	F	249		15,896,148	55.8	27.9
Plan C	M	88		7,153,824	56.2	27.6
	F	189		11,812,200	55.5	27.1
Plan D	M	14,574		859,609,812	44.2	9.8
	F	29,538		1,556,108,040	43.2	9.8
Plan E	M	7,357		472,856,712	50.2	17.8
	F	21,810		1,103,181,384	46.5	14.7
Total		77,119	\$	4,264,357,236	45.7	13.0

All Safety Members

Plan A	M	481	\$	54,374,736	55.1	33.0
	F	51		5,443,440	53.9	31.7
Plan B	M	9,661		809,954,880	40.8	14.4
	F	1,269		99,392,472	38.4	11.9
Total		11,462	\$	969,165,528	41.2	15.0

Grand Total 88,581 \$ 5,233,522,764 45.1 13.3

Los Angeles County Other Post Employment Benefits Program

Exhibit C-2: Summary of Deferred Vested Members

	<u>Sex</u>	<u>Members</u>	<u>Average Age</u>
General Members- LA County*			
Plan A	M	144	60.0
	F	239	57.3
Plan B	M	15	57.7
	F	31	54.9
Plan C	M	6	58.0
	F	18	54.2
Plan D	M	795	45.8
	F	1,386	44.2
Plan E	M	1,335	51.3
	F	<u>2,514</u>	<u>51.7</u>
Total		6,483	49.7
Safety Members- LA County*			
Plan A	M	15	57.3
	F	-	-
Plan B	M	353	38.3
	F	<u>70</u>	<u>40.3</u>
Total		438	39.3
General Members- Local 1014			
Plan A	M	-	-
	F	-	-
Plan B	M	-	-
	F	-	-
Plan C	M	-	-
	F	-	-
Plan D	M	12	37.6
	F	6	44.3
Plan E	M	1	43.0
	F	<u>9</u>	<u>48.9</u>
Total		28	42.9

* LA County group does not include Local 1014 and Superior Court Members.



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-2 (Continued): Summary of Deferred Vested Members

General Members- Superior Court

Plan A	M	4	55.8
	F	17	55.7
Plan B	M	-	-
	F	3	52.7
Plan C	M	2	59.0
	F	3	49.3
Plan D	M	49	44.4
	F	134	43.1
Plan E	M	97	47.2
	F	192	47.7
Total		501	46.5

All General Members

Plan A	M	148	59.9
	F	256	57.2
Plan B	M	15	57.7
	F	34	54.7
Plan C	M	8	58.3
	F	21	53.5
Plan D	M	856	45.6
	F	1,526	44.1
Plan E	M	1,433	51.0
	F	2,715	51.4
Total		7,012	49.5

All Safety Members

Plan A	M	15	57.3
	F	-	-
Plan B	M	353	38.3
	F	70	40.3
Total		438	39.3

Grand Total 7,450 48.9

Los Angeles County Other Post Employment Benefits Program

Exhibit C-3: Summary of Retired Members, Spouses and Dependents

Medical

	Gender	Count			Average Age
		Retirees and Survivors	Spouses and Dependents	Total	
LA County	M	17,582	5,173	22,755	61.3
	F	18,805	13,148	31,953	61.9
	Total	36,387	18,321	54,708	61.7
Local 1014	M	1,157	55	1,212	26.5
	F	181	1,030	1,211	61.3
	Total	1,338	1,085	2,423	59.5
Superior Court	M	384	322	706	64.0
	F	969	271	1,240	59.2
	Total	1,353	593	1,946	61.8
Total Medical	M	19,123	5,550	24,673	61.1
	F	19,955	14,449	34,404	61.8
	Total	39,078	19,999	59,077	61.6

Dental/Vision

	Gender	Count			Average Age
		Retirees and Survivors	Spouses and Dependents	Total	
LA County	M	17,639	5,085	22,724	66.2
	F	18,727	12,752	31,479	63.4
	Total	36,366	17,837	54,203	64.2
Local 1014	M	1,128	40	1,168	38.4
	F	165	1,004	1,169	63.3
	Total	1,293	1,044	2,337	62.3
Superior Court	M	383	325	708	65.9
	F	968	256	1,224	62.8
	Total	1,351	581	1,932	64.5
Total Dental/Vision	M	19,150	5,450	24,600	66.0
	F	19,860	14,012	33,872	63.4
	Total	39,010	19,462	58,472	64.1



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-4: Age and Service Distribution of Active Members

Age	Members' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above
Under 18	-	-	-	-	-	-	-	-
18-19	10	-	-	-	-	-	-	10
20-24	1,201	19	-	-	-	-	-	1,220
25-29	4,489	1,378	-	-	-	-	-	5,870
30-34	3,977	4,880	3	-	-	-	-	9,416
35-39	2,990	4,880	536	23	-	8	-	12,581
40-44	2,205	3,270	2,827	1,819	57	81	13	13,654
45-49	1,815	2,679	2,578	4,323	1,179	1,430	61	13,392
50-54	1,374	2,085	1,780	3,254	2,331	2,455	1,433	13,182
55-59	801	1,491	1,427	2,454	1,813	1,723	2,047	11,080
60-64	382	728	1,141	1,756	1,142	775	710	5,525
65-69	115	293	666	957	583	249	162	1,906
70-74	33	64	285	388	238	73	43	531
75-79	13	15	85	129	56	31	14	169
80-84	4	3	23	38	23	15	2	45
85 & Over	-	-	3	4	5	-	-	-
Total Count	19,409	21,785	11,354	15,145	7,427	6,840	4,485	2,136
								88,581

Los Angeles County Other Post Employment Benefits Program

Exhibit C-5: Age and Service Distribution of Deferred Vested Members

Age	Members' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	
Under 18	-	-	-	-	-	-	-	-	-
18-19	-	-	-	-	-	-	-	-	-
20-24	4	1	-	-	-	-	-	-	5
25-29	64	40	-	-	-	-	-	-	104
30-34	152	207	18	-	-	-	-	-	377
35-39	119	355	276	33	-	-	-	-	783
40-44	123	307	542	130	24	-	-	-	1,126
45-49	91	242	547	235	94	25	-	-	1,234
50-54	87	231	785	329	131	80	19	-	1,662
55-59	88	196	585	284	102	54	22	3	1,334
60-64	50	92	228	133	69	25	19	11	627
65-69	18	37	45	29	17	8	1	5	160
70-74	6	10	5	5	2	1	-	-	29
75-79	1	2	1	1	1	1	-	-	7
80-84	-	1	-	-	-	-	-	-	1
85 & Over	1	-	-	-	-	-	-	-	1
Total Count	804	1,721	3,032	1,179	440	194	61	19	7,450



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-6: Age and Service Distributions of Retired Members in Medical Plans

LA County Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	2	-	2	-	9	1	-	7
35-39	-	1	2	-	2	-	1	21
40-44	2	2	1	3	4	-	3	78
45-49	-	4	3	11	15	11	7	183
50-54	2	5	30	33	61	108	87	258
55-59	6	14	93	119	201	608	1,117	630
60-64	6	20	199	303	415	1,244	2,805	2,983
65-69	8	25	344	450	606	1,655	2,548	6,255
70-74	10	38	409	574	834	1,553	1,949	6,702
75-79	15	54	439	706	868	1,255	1,495	6,180
80-84	4	44	468	666	679	858	1,240	5,431
85-89	6	24	371	365	367	470	598	3,325
90-94	3	9	163	131	140	160	179	2,317
95-99	-	3	34	28	44	33	32	818
100 & Over	-	-	7	2	7	5	2	182
Total Count	64	243	2,565	3,391	4,252	7,961	12,063	5,848
Total								36,387

Local 1014 Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	-	-	-	-	-	-	-	2
35-39	-	-	-	1	-	-	1	-
40-44	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-
50-54	-	1	1	1	2	-	-	8
55-59	-	-	-	-	-	4	3	12
60-64	1	-	1	-	3	13	35	14
65-69	2	1	2	5	3	17	52	97
70-74	3	-	1	3	5	13	22	149
75-79	3	2	1	8	7	16	32	254
80-84	1	3	3	3	11	29	51	213
85-89	1	1	3	1	3	17	44	167
90-94	-	-	1	-	3	14	17	230
95-99	-	-	-	1	2	4	5	103
100 & Over	-	-	-	-	-	-	3	39
Total Count	11	8	10	23	39	127	265	855
Total								1,338



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-6 (Continued): Age and Service Distributions of Retired Members in Medical Plans

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	2
45-49	-	-	1	-	-	-	-	7
50-54	-	-	-	1	-	-	-	8
55-59	-	-	2	3	4	7	8	42
60-64	-	1	4	6	18	34	43	123
65-69	-	-	14	23	32	51	117	266
70-74	-	1	15	15	29	70	93	247
75-79	-	2	24	29	42	65	75	264
80-84	-	-	20	29	43	64	64	199
85-89	-	2	15	24	23	27	51	147
90-94	-	1	8	15	4	6	14	48
95-99	-	-	1	1	1	2	2	7
100 & Over	-	-	-	-	-	-	-	-
Total Count	-	7	104	146	185	305	467	1,353

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	2	-	2	1	9	1	1	23
35-39	-	1	2	-	2	-	1	72
40-44	2	2	2	3	4	-	3	169
45-49	-	4	4	13	17	11	7	222
50-54	2	6	32	36	65	119	98	278
55-59	6	15	98	125	222	655	1,195	3,255
60-64	7	20	215	331	450	1,312	2,974	6,855
65-69	10	27	359	468	640	1,738	2,663	7,162
70-74	13	40	434	611	883	1,634	2,056	6,674
75-79	18	56	460	738	911	1,327	1,610	5,833
80-84	5	49	486	691	705	902	1,335	4,583
85-89	7	26	380	380	374	490	629	2,410
90-94	3	9	164	133	143	166	186	839
95-99	-	3	34	28	44	33	35	185
100 & Over	-	-	7	2	7	5	2	24
Total Count	75	258	2,679	3,560	4,476	8,393	12,795	39,078



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-7: Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

LA County Spouses and Dependents with Medical Coverage									
Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disabled	
Under 35	3	11	37	61	126	264	447	636	1,585
35-39	1	-	4	5	3	12	17	74	116
40-44	-	1	9	7	9	32	56	129	243
45-49	1	1	7	18	35	78	131	204	475
50-54	1	2	18	27	75	233	391	385	1,132
55-59	2	2	50	87	149	458	1,070	693	2,511
60-64	2	7	78	127	201	664	1,459	763	3,301
65-69	1	9	123	178	282	769	1,129	514	3,005
70-74	4	14	121	187	285	660	814	360	2,445
75-79	-	9	115	153	273	448	609	234	1,841
80-84	1	5	99	149	148	256	376	98	1,132
85-89	1	1	50	79	67	101	113	35	447
90-94	1	-	18	11	14	18	13	6	81
95-99	-	-	1	1	1	2	-	-	5
100 & Over	-	-	-	-	-	-	1	1	2
Total Count	18	62	730	1,090	1,668	3,995	6,626	4,132	18,321
Local 1014									
Spouses and Dependents with Medical Coverage									
Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disabled	
Under 35	-	-	-	1	3	9	19	79	111
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	1	-	9	10
45-49	-	-	-	1	-	3	7	15	26
50-54	-	-	-	-	2	7	15	68	92
55-59	-	-	-	-	1	8	30	152	191
60-64	-	-	-	-	-	10	27	170	207
65-69	-	-	-	-	3	8	14	134	159
70-74	-	-	-	-	4	15	21	113	153
75-79	-	-	1	1	3	13	30	57	104
80-84	-	-	-	-	1	1	9	11	23
85-89	-	-	-	-	-	3	4	-	8
90-94	-	-	-	-	-	-	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	1	3	18	78	177	808	1,085



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-7 (Continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

Superior Court Spouses and Dependents with Medical Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	-	-	2	2	6	14	18	62
35-39	-	-	-	-	-	1	-	3
40-44	-	-	-	-	-	-	-	1
45-49	-	-	-	-	2	-	4	9
50-54	-	-	-	2	6	11	9	31
55-59	-	-	3	4	6	27	30	80
60-64	-	-	2	5	23	20	43	103
65-69	-	1	6	2	8	23	47	92
70-74	-	-	11	9	11	28	26	7
75-79	-	-	11	9	9	8	27	66
80-84	-	-	7	5	8	8	10	38
85-89	-	-	-	1	2	4	7	15
90-94	-	-	-	1	-	-	-	1
95-99	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-
Total Count	-	1	42	40	81	145	221	593

All Members Spouses and Dependents with Medical Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	3	11	39	64	135	287	484	1,758
35-39	1	-	4	5	3	13	17	119
40-44	-	1	9	7	9	33	56	254
45-49	1	1	7	19	37	82	142	510
50-54	1	2	18	29	83	251	415	1,255
55-59	2	2	53	91	156	493	1,130	2,782
60-64	2	7	80	132	224	694	1,529	3,611
65-69	1	10	129	180	293	800	1,190	3,256
70-74	4	14	132	196	300	703	861	2,690
75-79	-	9	126	163	285	469	666	2,011
80-84	1	5	107	154	157	265	395	1,193
85-89	1	1	50	80	70	108	124	470
90-94	1	-	18	12	14	18	14	83
95-99	-	-	1	1	1	2	-	5
100 & Over	-	-	-	-	-	-	1	2
Total Count	18	63	773	1,133	1,767	4,218	7,024	19,999



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-8: Age and Service Distributions of Retired Members in Dental/Vision Plans

LA County Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	2	-	2	-	9	2	3	28
35-39	-	2	2	-	2	-	1	90
40-44	2	2	2	3	4	-	3	208
45-49	-	4	5	11	14	11	6	282
50-54	2	11	38	30	58	106	88	663
55-59	6	13	99	125	201	601	1,108	3,015
60-64	11	28	222	308	420	1,242	2,802	6,334
65-69	7	32	329	462	625	1,654	2,538	6,730
70-74	9	43	396	583	830	1,554	1,951	792
75-79	19	48	425	663	865	1,259	1,505	5,375
80-84	10	40	487	630	670	858	1,244	4,305
85-89	4	30	367	337	366	462	590	2,262
90-94	1	11	141	115	128	154	178	756
95-99	-	3	16	21	40	31	30	145
100 & Over	-	-	2	2	6	4	1	15
Total Count	73	267	2,533	3,290	4,238	7,938	12,048	36,366

Local 1014 Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	-	-	-	-	-	-	1	1
35-39	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-
50-54	-	-	1	1	2	-	1	12
55-59	-	1	1	1	-	5	3	19
60-64	1	-	2	5	3	14	38	157
65-69	2	1	-	2	5	16	54	331
70-74	3	-	-	6	6	13	26	211
75-79	3	2	-	2	8	14	31	215
80-84	1	3	1	1	2	30	48	191
85-89	-	-	1	-	2	17	42	101
90-94	-	-	-	1	3	12	17	40
95-99	-	-	-	-	2	3	5	12
100 & Over	-	-	-	-	-	-	3	3
Total Count	10	7	6	19	35	124	269	1,293



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-8 (Continued): Age and Service Distributions of Retired Members in Dental/Vision Plans

Superior Court Retirees and Survivors with Dental/Vision Coverage									
Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disabled	
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	1	-	-	-	-	1	2
45-49	-	-	-	1	-	-	-	9	10
50-54	-	-	1	2	3	7	8	19	40
55-59	-	-	5	7	18	33	43	16	122
60-64	-	-	12	25	33	50	114	30	264
65-69	-	1	17	16	26	70	93	24	247
70-74	-	2	28	29	37	65	75	27	263
75-79	-	1	20	28	30	43	63	10	195
80-84	-	1	17	27	23	27	51	6	152
85-89	-	1	8	16	4	6	14	-	49
90-94	-	-	1	1	1	2	2	-	7
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	6	110	152	175	303	463	142	1,351
All Members Retirees and Survivors with Dental/Vision Coverage									
Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disabled	
Under 35	2	-	2	-	9	2	4	10	29
35-39	-	2	2	-	2	-	1	83	90
40-44	2	2	3	3	4	-	3	193	210
45-49	-	4	6	13	16	11	7	247	304
50-54	2	11	39	32	61	118	99	360	722
55-59	6	14	105	133	223	648	1,189	976	3,294
60-64	12	28	236	338	456	1,308	2,970	1,581	6,929
65-69	9	34	346	480	656	1,737	2,657	1,269	7,188
70-74	12	45	424	618	873	1,633	2,057	974	6,636
75-79	22	51	445	693	903	1,332	1,616	699	5,761
80-84	11	44	505	658	695	902	1,337	406	4,558
85-89	4	31	376	353	373	480	621	113	2,351
90-94	1	11	142	117	131	159	185	29	775
95-99	-	3	16	21	40	31	33	4	148
100 & Over	-	-	2	2	6	4	1	-	15
Total Count	83	280	2,649	3,461	4,448	8,365	12,780	6,944	39,010



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-9: Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

LA County Spouses and Dependents with Dental/Vision Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	1	11	27	33	66	127	205	754
35-39	-	-	2	3	4	12	17	121
40-44	-	-	7	6	9	32	54	121
45-49	1	1	21	18	33	72	129	242
50-54	1	2	63	90	147	219	382	471
55-59	3	4	85	143	212	434	1,026	1,115
60-64	1	6	128	186	299	775	1,416	2,473
65-69	-	9	123	196	316	673	823	3,288
70-74	5	9	100	170	291	463	631	3,067
75-79	3	6	123	183	291	463	631	2,526
80-84	1	11	100	170	291	463	631	1,937
85-89	1	4	52	89	177	264	394	1,229
90-94	-	1	23	15	18	21	16	504
95-99	-	-	1	2	2	4	-	99
100 & Over	-	-	-	-	-	-	1	2
Total Count	17	64	762	1,156	1,724	3,858	6,374	17,837

Local 1014 Spouses and Dependents with Dental/Vision Coverage

Age	Retirees' Years of Service							Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	
Under 35	-	1	-	2	3	7	14	46
35-39	-	-	-	-	-	-	-	1
40-44	-	-	-	1	-	2	1	12
45-49	-	-	-	1	-	5	8	28
50-54	-	-	-	1	2	7	14	90
55-59	-	1	-	-	1	8	36	146
60-64	-	-	-	-	1	11	25	171
65-69	-	-	-	-	3	8	15	135
70-74	-	-	-	-	4	16	22	116
75-79	-	-	-	-	2	14	35	58
80-84	-	-	1	-	1	2	12	9
85-89	-	-	-	-	1	4	5	1
90-94	-	-	-	-	-	1	2	3
95-99	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-
Total Count	-	2	1	5	18	85	189	1,044



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-9 (Continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

Superior Court Spouses and Dependents with Dental/Vision Coverage									
Age	Retirees' Years of Service								
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	-	1	1	1	7	9	13	32
35-39	-	-	-	-	-	1	-	2	3
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	-	-	-	-	-	2	9
50-54	-	-	-	-	3	1	3	2	31
55-59	-	-	-	2	6	11	9	3	77
60-64	-	-	4	2	5	26	30	10	102
65-69	-	-	1	8	20	20	44	9	99
70-74	-	-	8	4	8	25	48	6	93
75-79	-	1	11	10	14	27	26	4	71
80-84	-	-	11	11	10	9	10	-	42
85-89	-	1	8	7	9	7	7	2	19
90-94	-	-	2	2	2	4	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	2	46	47	78	138	211	59	581

All Members Spouses and Dependents with Dental/Vision Coverage									
Age	Retirees' Years of Service								
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	1	12	28	36	70	141	228	316	832
35-39	-	-	2	3	4	13	17	86	125
40-44	-	-	7	7	9	34	55	144	256
45-49	1	1	7	19	36	78	140	226	508
50-54	1	2	21	25	79	237	405	466	1,236
55-59	3	5	67	92	153	488	1,092	862	2,742
60-64	1	6	86	151	233	685	1,485	951	3,598
65-69	-	9	136	190	310	808	1,209	665	3,327
70-74	5	10	134	206	334	716	869	503	2,777
75-79	3	6	134	194	303	692	416	299	2,117
80-84	1	12	109	177	189	273	416	119	1,296
85-89	1	4	54	91	80	116	146	42	534
90-94	-	1	23	15	18	22	19	5	103
95-99	-	-	1	2	2	4	-	-	9
100 & Over	-	-	-	-	-	-	1	1	2
Total Count	17	68	809	1,208	1,820	4,081	6,774	4,685	19,462



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-10: Medical and Dental/Vision Plan Distributions of Retired Members, Spouses and Dependents Pre and Post Age 65

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Medical Plans									
Blue Cross I	596	2,360	2,956	564	651	1,215	1,160	3,011	4,171
Blue Cross II	2,636	1,851	4,487	2,174	716	2,890	4,810	2,567	7,377
Blue Cross III	329	7,330	7,659	821	2,715	3,536	1,150	10,045	11,195
Blue Cross Prudent Buyer Plan	1,020	1,425	2,445	1,004	429	1,433	2,024	1,854	3,878
CIGNA Healthcare for Seniors	1	23	24	2	9	11	3	32	35
CIGNA Network Model Plan	715	830	1,545	644	244	888	1,359	1,074	2,433
Kaiser (Other)	106	200	306	86	71	157	192	271	463
Kaiser (CA)	5,311	10,679	15,990	4,105	3,591	7,696	9,416	14,270	23,686
PacificCare	827	1,182	2,009	593	415	1,008	1,420	1,597	3,017
SCAN Health Plan	1	318	319	-	80	80	1	398	399
Firefighters' Local 1014	550	788	1,338	649	436	1,085	1,199	1,224	2,423
Total Medical	12,092	26,986	39,078	10,642	9,357	19,999	22,734	36,343	59,077
Medicare Part B Coverage									
LA County									
Receiving Reimbursement	251	17,323	17,574	330	5,672	6,002	581	22,995	23,576
Not Receiving Reimbursement	10,823	7,990	18,813	9,358	2,961	12,319	20,181	10,951	31,132
Total	11,074	25,313	36,387	9,688	8,633	18,321	20,762	33,946	54,708
Firefighters' Local 1014									
Receiving Reimbursement	7	773	780	27	385	412	34	1,158	1,192
Not Receiving Reimbursement	543	15	558	622	51	673	1,165	66	1,231
Total	550	788	1,338	649	436	1,085	1,199	1,224	2,423
Superior Court									
Receiving Reimbursement	11	619	630	14	197	211	25	816	841
Not Receiving Reimbursement	457	266	723	291	91	382	748	357	1,105
Total	468	885	1,353	305	288	593	773	1,173	1,946
All Members									
Receiving Reimbursement	269	18,715	18,984	371	6,254	6,625	640	24,969	25,609
Not Receiving Reimbursement	11,823	8,271	20,094	10,271	3,103	13,374	22,094	11,374	33,468
Grand Total Medicare Part B	12,092	26,986	39,078	10,642	9,357	19,999	22,734	36,343	59,077
Dental/Vision Plans									
LA County									
CIGNA Indemnity Dental/Vision	9,528	22,986	32,514	7,688	8,336	16,024	17,216	31,322	48,538
CIGNA Dental HMO/Vision	1,763	2,089	3,852	1,106	707	1,813	2,869	2,796	5,665
Total	11,291	25,075	36,366	8,794	9,043	17,837	20,085	34,118	54,203
Firefighters' Local 1014									
CIGNA Indemnity Dental/Vision	522	721	1,243	559	440	999	1,081	1,161	2,242
CIGNA Dental HMO/Vision	29	21	50	31	14	45	60	35	95
Total	551	742	1,293	590	454	1,044	1,141	1,196	2,337
Superior Court									
CIGNA Indemnity Dental/Vision	402	802	1,204	236	282	518	638	1,084	1,722
CIGNA Dental HMO/Vision	64	83	147	34	29	63	98	112	210
Total	466	885	1,351	270	311	581	736	1,196	1,932
All Members									
CIGNA Indemnity Dental/Vision	10,452	24,509	34,961	8,483	9,058	17,541	18,935	33,567	52,502
CIGNA Dental HMO/Vision	1,856	2,193	4,049	1,171	750	1,921	3,027	2,943	5,970
Grand Total Dental/Vision	12,308	26,702	39,010	9,654	9,808	19,462	21,962	36,510	58,472

Los Angeles County Other Post Employment Benefits Program

Exhibit C-11: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	2	Retirees had a blank Date of Birth or a year of birth prior to 1900.	If original Date of Birth was blank, assigned Date of Birth to make the retiree 65 years old. If original Date of Birth was before 1/1/1900, assigned Date of Birth to 1/1/1900.
2	1	The Years of Service was 99.	Adjusted year of service to be the difference between Date of Retirement and Date of Hire.
3	140 Spouses 44 Children	Retirees had a spouse or child on the record with a Date of Birth, but there was no dependent type of S (spouse) or C (child).	If the dependent's Date of Birth was more than 20 years after the retiree's Date of Birth, assigned the dependent as a child. Otherwise, the dependent was designated as a spouse.
4	40	Spouses' Date of Birth was not provided.	Created spouses' Date of Birth based on the assumption that males are 3 years older than females.
5	20	Children did not have a Date of Birth and Gender.	Children were designated as 18 year old females since the average age of LACERA children under 24 is 18 and females typically have higher claim costs at this age.
6	983	There were no children listed in Retiree and Family or Retiree and Children deduction codes.	To be consistent with the tier, children were added. Children were designated as 18 years old since the average age of LACERA children under 24 is 18; half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
7	1,378	There were not any spouses listed in Retiree & Spouse, Retiree + 1, or Retiree and Family deduction codes.	To be consistent with the tier, spouses were added. The spouses' age was determined based on the assumption that male spouses are three years older than female spouses. The spouses' gender was designated with the assumption that the spouse is a different gender than the retiree.
8	227	Some Vested Term's had gender "U"	The genders were all set to Male to be consistent with the data in the pension valuation.



Milliman

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

C-18

Los Angeles County Other Post Employment Benefits Program

Appendix D: Glossary

The following definitions are excerpts from other actuarial organizations in the United States. In some cases, the definitions have been modified for specific applicability to LACERA. Defined terms are capitalized throughout this Appendix.

Actuarial Accrued Liability	That portion, as determined by a particular Actuarial Cost Method, of the Actuarial Present Value of postemployment plan benefits and expenses which is not provided for by future Normal Costs.
Actuarial Assumptions	Assumptions as to the occurrence of future events affecting OPEB costs, such as: mortality, withdrawal, disablement, retirement; changes in medical costs; and other relevant items.
Actuarial Cost Method	A procedure for determining the Actuarial Present Value of OPEB program benefits and expenses and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a Normal Cost and an Actuarial Accrued Liability.
Actuarial Gain (Loss)	A measure of the difference between actual experience and that expected based on a set of Actuarial Assumptions during the period between two Actuarial Valuation dates, as determined in accordance with a particular Actuarial Cost Method.
Actuarial Present Value	The value of an amount or series of amounts payable or receivable at various times, determined as of a given date by the application of a particular set of Actuarial Assumptions.
Actuarial Valuation	The determination, as of a valuation date, of the Normal Cost, Actuarial Accrued Liability, Actuarial Value of Assets, and related Actuarial Present Values for an OPEB plan.
Actuarial Value of Assets	The value of cash, investments and other property belonging to an OPEB plan, as used by the actuary for the purpose of an Actuarial Valuation.
Amortization Payment	That portion of the ARC that is designed to recognize interest on and to amortize the Unfunded Actuarial Accrued Liability.
Annual Required Contributions ("ARC")	This is the employer's periodic required contribution to a defined benefit OPEB plan, calculated in accordance with the set of requirements for calculating actuarially determined OPEB information included in financial reports.

Attribution Period	The period of an employee's service to which the expected postretirement benefit obligation for that employee is assigned. The beginning of the attribution period is the employee's date of hire. The end of the attribution period is the time of assumed exit from OPEB active member status.
Benefit Payments	The monetary or in-kind benefits or benefit coverage to which participants may be entitled under a post employment benefit plan, including health care benefits and life insurance not provided through a pension plan.
GASB 43	The statement that establishes financial reporting standards for postemployment benefit <u>plans</u> other than pension plans.
GASB 45	The statement that establishes financial reporting standards for <u>employers</u> that sponsor postemployment benefits other than pensions
Net OPEB Obligation	This is the cumulative difference since the effective date of this statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB-related debt.
Normal Cost	That portion of the Actuarial Present Value of OPEB plan benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method.
Other Postemployment Benefits ("OPEB")	This refers to postemployment benefits other than pension benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a pension plan, excluding benefits defined as termination benefits or offers.
Present Value of Future Benefits	<p>This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is:</p> <ul style="list-style-type: none"> (a) Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, death, disability, termination of employment, etc.; and (b) Discounted at the assumed discount rate.

Projected Benefits	Those OPEB plan benefit amounts which are expected to be paid at various future times under a particular set of Actuarial Assumptions, taking into account such items as the effect of advancement in age and past and anticipated future compensation and service credits.
Substantive Plan	The terms of the OPEB plan as understood by an employer that provides postretirement benefits and the employees who render services in exchange for those benefits. The substantive plan is the basis for the accounting for the plan.
Trend rate	The rate of increase in per-person health costs paid by a plan as a result of factors such as price increases, utilization of healthcare services, plan design, and technological developments.
Unfunded Actuarial Accrued Liability	The excess of the Actuarial Accrued Liability over the Actuarial Value of Assets.

Los Angeles County Other Post Employment Benefits Program

Appendix E: Medical Plan Comparisons

Comparisons are from the following areas of the LACERA website:

<http://www.lacera.com/communications/PDF/06HealthCareRates/2006PlanComparison.pdf>

http://www.lacera.com/communications/PDF/06HealthCareRates/207_kaiser%20out-of-area.pdf

http://www.lacera.com/communications/PDF/06HealthCareRates/2006PlanComparison_Medicare.pdf



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

E-1

Los Angeles County Other Post Employment Benefits Program

Appendix F: Firefighters Local 1014 Medical Plan

The description of the Firefighters Local 1014 Medical Plan is from selected pages of the following website:

<http://www.local1014medical.org/docs/Summary%20Plan%20Description%202007.pdf>



Milliman

This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

F-1



Benefits-at-a-Glance

(For Details, Please Turn to **What the Plan Covers** and **What the Plan Does Not Cover**)

Annual Deductible	First \$300 of allowable expenses per person; \$600 Maximum per family	
	In-Network	Out-of-Network
Annual Out-of-Pocket Limit (Amounts for In-Network and Out-of-Network are combined for the Annual Out-of-Pocket Limit)	20% of allowable expenses after satisfaction of the deductible, maximum \$1,000 per person or family per year (after you pay the deductible)	30% of allowable expenses after satisfaction of the deductible, maximum \$1,500 per person or family per year (after you pay the deductible)
Lifetime Benefit Maximum	\$3,000,000	
Preventative Care	In-Network	Out-of-Network
Well - baby care	100%, no deductible, for the baby's first 2 years	100%, no deductible, for the baby's first 2 years
Immunizations	100%, no deductible through age 19, \$2,000 lifetime maximum. Immunizations for influenza covered beginning at age 60	100%, no deductible through age 19, \$2,000 lifetime maximum. Immunizations for influenza covered beginning at age 60
Wellness Benefit	100%, no deductible; routine exams and screenings (up to a \$550 combined annual maximum) per person	100%, no deductible; routine exams and screenings (up to a \$550 combined annual maximum) per person
Cancer Screenings	100%, no deductible for PAP, mammogram, PSA and colonoscopy covered according to American Cancer Society guidelines	100%, no deductible for PAP, mammogram, PSA and colonoscopy covered according to American Cancer Society guidelines
Medically Necessary Care	In-Network	Out-of-Network
Ambulance	80% after deductible, up to annual out-of-pocket limit, 100% thereafter	
Doctor's office visits	80% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual-out of pocket limit, 100% thereafter
Emergency room	\$50 copay per visit (waived if admitted as an inpatient)	\$50 copay per visit (waived if admitted as an inpatient)
Hospital care	80% after deductible, up to annual-out of pocket limit, 100% thereafter	70% after deductible, up to annual-out of pocket limit, 100% thereafter
Maternity	80% after deductible, up to annual-out of pocket limit, 100% thereafter	70% after deductible, up to annual-out of pocket limit, 100% thereafter
Surgery	80% after deductible, up to annual-out of pocket limit, 100% thereafter	70% after deductible, up to annual-out of pocket limit, 100% thereafter
X-Rays and lab tests	80% after deductible, up to annual-out of pocket limit, 100% thereafter; (excludes periodic health exams)	70% after deductible, up to annual-out of pocket limit, 100% thereafter; (excludes periodic health exams)

Continued on Next Page



Benefits-at-a-Glance

Prescription Drugs *	Short-term (30-Day Supply) From a Retail Pharmacy or Mail order	
	In-Network	Out-of-Network
Generic	\$10 copay	You pay the entire cost of your pre- scription up front. Then, you submit a claim for reimbursement. You may be reimbursed for 100% of the cost minus the copay. Out-of-network copays are the same as the in-network copays.
Brand name (when generic is unavailable)	\$20 copay	
Brand name (when generic is available)	\$30 copay PLUS the cost difference between the brand name drug and the generic drug	
	Maintenance (Up to a 90-Day Supply)	
	From a Retail Pharmacy	From Medco Home Delivery
Generic	\$25 copay	
Brand name (when generic is unavailable)	\$50 copay	
Brand name (when generic is available)	\$75 copay PLUS the cost difference between the brand name drug and the generic drug	
* The Plan covers prescription drugs only for the treatment of a condition, as approved by the Food and Drug Administration.		
VSP Vision Care	In-Network	Out-of-Network
Copayment	\$25 when services are rendered	
Exams	Once every 12 months	Up to \$45 once every 12 months
Prescription glasses	Standard lenses are covered in full every 24 months	Up to \$45 single vision lenses, \$65 lined bifocal, or \$85 lined trifocal once every 24 months
Frames	Covered up to \$120 once every 24 months, plus 20% off other costs.	Up to \$47 once every 24 months
Contacts	When you choose contacts instead of glasses, the \$120 allowance (for frames) applies once every 24 months to the cost of contacts, fitting, and exam. This is a separate exam from your regular vision exam.	Up to \$105 once every 24 months

Continued on Next Page



Benefits-at-a-Glance

MHN Mental Health Care	In-Network	Out-of-Network
Local 1014 Member's Assistance Program	Assessment: 1-3 visits per individual , per incident, in person or by phone Work/Life Benefits: Legal, financial, tax audit assistance, child/eldercare referral, and "con-cierge" services	No coverage available
Outpatient care	Individual sessions: 1-5 visits (\$0 copay) 6-50 visits; (\$20 copay)	50% of UCR to maximum of \$50 payable per session maximum 25 sessions per year
Inpatient care	80% with no deductible: <ul style="list-style-type: none">Combined maximum of 30 days per calendar year for mental health and substance abuse careCombined <u>lifetime</u> maximum of 60 days for mental health and substance abuse care	No coverage available
Additional Benefits	In-Network	Out-of-Network
Chiropractic care	After deductible, up to \$75 for first visit; 80% thereafter (\$45 benefit maximum per visit); maximum 30 visits per 12-month period	After deductible, up to \$75 for first visit; 70% thereafter (\$45 benefit maximum per visit); maximum 30 visits per 12-month period
Home health care*	80% after deductible, up to annual out-of-pocket maximum, 100% thereafter (maximum 100 visits per 12-month period)	
Hospice care* (per diem rates)	80% after deductible, up to annual out-of-pocket maximum, 100% thereafter. Hospice care limited to 180 days. (\$20,000 lifetime maximum)	
Physical therapy	80% after deductible, up to annual out-of-pocket limit, 100% thereafter; maximum. 30 visits per 12-month period	70% after deductible, up to annual out-of-pocket limit, 100% thereafter; maximum. 30 visits per 12-month period
Skilled nursing facility*	80% after deductible, 70 day limit per occurrence; available only within 7 days of discharge from a hospital	
* Home health care, hospice care, and skilled nursing providers are NOT available through the Blue Cross or BlueCard* network.		

Los Angeles County Other Post Employment Benefits Program

Appendix G: Dental and Vision Plan Description

The dental and vision plan description is from the following area of the LACERA website:

http://www.lacera.com/health_care/Health_Care_Plans/CIGNA_Dental___Vision_Plan/cigna_dental___vision_plan.html



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

G-1

**Search**

LACERA - Health Care Home > Health Care Plans > CIGNA Dental & Vision Plan

Search by Topic

CIGNA DENTAL & VISION PLAN**Brochures & Forms**

There are two dental/vision packages to choose from, an HMO plan and an indemnity plan. Both plans are described below. Please refer to the **Exploring Your Health Care Benefits Through LACERA** folder for specific details on plans and plan comparison charts.

HEALTH CARE

Out Of State Move
Blue Cross of California
Kaiser/Senior Advantage
PacifiCare/Secure Horizons
CIGNA Network Model Plan
CIGNA Dental & Vision Plan
SCAN
Long-Term Care Insurance
Local 1014

CIGNA HMO DENTAL/VISION

Retired members and dependents may enroll in the CIGNA HMO Dental/Vision plan whether or not you enroll in any of the LACERA-administered medical plans. You must choose your dentist from a list of CIGNA HMO Dental Network providers.

DENTAL benefits include:

- No charge for preventive care - exams, routine cleanings and x-rays
- No annual or lifetime dollar maximums
- No deductibles
- No claim forms

VISION benefits include:

- Limited coverage for routine exams, lenses, frames, and contact lenses.
- Click here for more details on CIGNA Vision Care (7-18-05)**

CIGNA DENTAL/VISION PLAN

Retired members and dependents may enroll in the CIGNA Dental/Vision plan whether or not you enroll in any LACERA-administered medical plan. Under this indemnity plan, the plan will generally pay 80% of covered charges and you will pay the balance.

DENTAL benefits include:

- Coverage for preventive care - cleanings, fluoride treatments
- Coverage for basic services - amalgam or plastic fillings, crown/inlay repair
- Coverage for major services - stainless steel crowns, oral surgery, periodontal treatment
- Choice of any dentist in the United States
- Annual deductible of \$25 per person/\$50 per family
- Annual benefit maximum of \$1500 per person
- Payment of 80% of usual charges after the annual deductible is met

VISION benefits include:

- Limited coverage for routine exams, lenses, frames, and contact lenses.
- Click here for more details on CIGNA Vision Care (7-18-05)**

Within your **Exploring Your Health Care Benefits Through LACERA** folder you will find a sheet which gives you a detailed breakdown of what is covered on the plans and the percentage or dollar amount that is covered.

Need more information? Call LACERA for enrollment information and benefit changes. Call the **insurance carrier** for plan booklets, claim forms, eligibility and billing questions.

3/20/06

Email: Welcome@LACERA.com - 1-800-786-6464 - 626-564-6132 - Fax: 626-564-6155 - Business Hours M-F 8:00 AM - 5:00 PM

Los Angeles County Other Post Employment Benefits Program

Appendix H: Medicare Part B Reimbursement Plan Description

The Medicare Part B reimbursement plan description is from the following area of the LACERA website:

http://www.lacera.com/health_care/Medicare_Eligibility/Medicare_B.html



This work product was prepared solely for LACERA. It may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work.

H-1



Los Angeles County Employees Retirement Association

SearchLACERA - Health Care Home > [Medicare Enrollment](#) > Medicare B Eligibility

Search by Topic

MEDICARE PART B ELIGIBILITY

Brochures & Forms

HEALTH CARE

Medicare A Eligibility
 Medicare B Eligibility
 ALERT - Medicare
 Part D

Medicare Part B
 Reimbursement



Looking for
 something?
 Try Search.
 It's on the upper left
 hand corner of every
 page.

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART B

(Supplementary medical insurance coverage for physicians, labs, testing)
 When you enroll in Medicare Part A, you are **automatically enrolled** in Medicare Part B unless you decline it. This rule applies to persons age 65 or older, and also to those who are disabled under age 65. If you pay a premium for Plan A, you must enroll in Part B if you also desire that coverage. The Part B coverage is ordinarily deducted from your Social Security benefit. If you select a LACERA-administered Medicare plan you **may be reimbursed** by LACERA for the Part B premium amount. This reimbursement program is subject to annual review by the Board of Supervisors.

On December 19, 2006, the Board of Supervisors approved the Medicare Part B Premium Reimbursement Program for 2007 for LACERA-administered Medicare Plan enrollees.

[Click here for more information.](#)

Effective January 2007, the Medicare Part B premium amount increased to \$93.50 per month (base rate). (12-19-06)

12/19/06

Email: Welcome@LACERA.com - 1-800-786-6464 - 626-564-6132 - Fax: 626-564-6155 - Business Hours M-F 8:00 AM - 5:00 PM

Office address: 300 N. Lake Pasadena, CA 91101-4199 - Mailing address: P.O.Box 7060 Pasadena, CA 91109-7060

[Click here for Text Version of this site](#)

Accessible Version created with ADA filter 1.3
 Glossary last updated: Wed Jan 11 10:36:29 PST 2006

COMPARISON OF MEDICAL PLANS

Effective July 1, 2006



- Blue Cross I
- Blue Cross II
- Blue Cross Prudent Buyer Plan
- CIGNA Network Model Plan
- Kaiser Permanente (CA only)
- PacifiCare

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. These do not replace or modify the official documents which legally govern each plan's operation.

Comparison of Medical Plans

Indemnity Insurance Plans		
	Blue Cross I	Blue Cross II
Calendar Year Deductibles/Copayments	\$100 individual, \$100 family	\$500 individual, \$1,500 family
Annual Maximum Out-of-Pocket Expenses	N/A	\$2,500, including deductible
Lifetime Maximum Benefits	\$1,000,000	\$1,000,000
Hospital Benefits		
Room and Board	\$75 per day ¹ \$150 per day special care unit ¹	90% for PPO hospital ² ; 80% non-PPO for semi-private room; special care unit up to 2.5 times semi-private room rate
Surgical Services	According to schedule + 80% of balance ¹	80%
Hospital Services and Supplies	100% ¹	90% PPO hospital ² ; 80% non-PPO hospital
Hospital Admission Authorization Requirements	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice
Nursing Benefits		
Skilled Nursing Facility Care	70% (in-network) or 50% (out-of-network) up to \$150/day for up to 100 days per calendar year ¹	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year ¹
Private Duty Nurses	80% in accordance with requirements	80% in accordance with requirements
Home Health Care	100% in accordance with requirements ¹	100% in accordance with requirements ¹
Hospice Care	100% up to plan limitations, in accordance with requirements ¹	100% up to plan limitations, in accordance with requirements ¹
Emergency Benefits		
Inpatient	\$75 per day ¹ ; \$150 per day special care unit ¹	90% PPO hospital ² ; 80% non-PPO hospital
Outpatient	100% at a hospital only ¹	80%
Ambulance	80% for transportation to first hospital where care is given	80% for transportation to first hospital where care is given
Outpatient Benefits		
Doctor's Office Visits	80%	80%
Preadmission X-Ray and Lab Tests	100% ¹	100% ¹
Routine Checkups —Adult —Children Under 17	\$25 copay; covered in-network only \$25 copay; maximum of \$250; covered in-network only	\$25 copay; covered in-network only \$25 copay; covered in-network only
Immunizations	Not covered except for children under age 17	Not covered except for children under age 17
Outpatient Surgical Services	100% ¹	100% ¹
Physical Therapy	80% in accordance with requirements	80% in accordance with requirements
Speech Therapy	80% in accordance with requirements	80% in accordance with requirements
Maternity	80% in accordance with requirements	80% in accordance with requirements
Prescription Drugs	80% in-network, 60% out-of-network; \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 speciality copay for mail order for 90-day supply (Copay prorated for less than 3-month supply)	80% in-network, 60% out-of-network; \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 speciality copay for mail order for 90-day supply (Copay prorated for less than 3-month supply)
Mental Health Benefits		
Inpatient	\$75 per day ¹ ; \$150 per day intensive care ¹ ; 30 days maximum per calendar year	90% PPO; 80% non-PPO 15 days maximum per calendar year
Outpatient	50% of covered expenses; 20 visits maximum per calendar year	50% of covered expenses; 20 visits maximum per calendar year
Vision/Hearing Care Benefits		
Eye Exams	Covered after accident only ³	Covered after accident only ³
Lenses	Covered after accident ³ and after eye surgery	Covered after accident ³ and after eye surgery
Frames	Covered after accident ³ or eye surgery only	Covered after accident ³ or eye surgery only
Hearing Exams	Covered after accident only ³	Covered after accident only ³
Hearing Aids	Covered after accident only ³	Covered after accident only ³

HMOs

Blue Cross Prudent Buyer Plan

CIGNA Network Model Plan

\$100 individual, \$200 family

None

N/A

\$1,500 individual
\$3,000 family

\$1,000,000

Unlimited

80% Prudent Buyer; 70% non-Prudent Buyer
with \$75 per day maximum; \$150 per day
intensive care (for non-Prudent Buyer)

No charge

80% Prudent Buyer;
70% non-Prudent Buyer

No charge for inpatient or outpatient

80% Prudent Buyer; 70% non-Prudent Buyer
(up to \$250 per day for non-Prudent Buyer)

No charge

Authorization by a Prudent Buyer physician
required. Non-Prudent Buyer physicians
must contact Blue Cross

Authorization by a CIGNA HealthCare physician required within
48 hours in case of emergency outside service area

80% of semi-private room rate
for up to 60 days per disability

No charge, 60 days per contract year

80% in accordance with requirements

No charge if authorized by a CIGNA HealthCare physician,
(60 visits per contract year together with Home Health Care)

100% in accordance with requirements

No charge, (60 visits per contract year together with Private Duty Nursing)

100% up to \$2,500 maximum

No charge

80%

No charge

80%

\$50 copay; waived if admitted

80%

No charge when true emergency authorized by a CIGNA HealthCare physician

80% Prudent Buyer; 70% non-Prudent Buyer

\$5 copay

100% Prudent Buyer;
70% non-Prudent Buyer

No charge

\$25 copay; covered in-network only
\$25 copay; maximum of \$250; covered in-network only

\$5 copay

Not covered except for children
under age 17

No charge (after \$5 office visit copay,
if applicable)

100% Prudent Buyer;
70% non-Prudent Buyer

No charge

80% Prudent Buyer; 70% non-Prudent Buyer

\$5 copay; 20 visits maximum per contract year

80% in accordance with requirements

\$5 copay; 20 visits maximum per contract year

Not covered, except for complications

Covered as any other illness; no copay

80%; mail order is not available

\$7 copay for 30-day supply; \$14 copay for 90-day supply mail order

80% Prudent Buyer; 70% non-Prudent Buyer

\$50 copay per day,
30 days maximum per calendar year

50% Prudent Buyer; 50% non-Prudent Buyer
30 visits maximum per calendar year

Member Assistance Program: No copay for up to 3 phone or non-clinical sessions
Mental Health — Individual: \$25 copay per visit
Substance Abuse — Individual: \$15 copay for first 2 visits; \$25 copay for visits 3-20
Substance Abuse — Group: \$15 copay per visit; 40 visits maximum per calendar year

Not covered

\$10 copay; limit one exam every 24 months

One pair, after eye surgery

Not covered

Not covered

Not covered

Not covered

Covered as part of primary care
physician exam only

Not covered

Not covered

Kaiser Permanente	PacifiCare⁵
None	None
Maximum copays of \$1,500 individual, \$3,000 family	Maximum copays of \$2,000 individual, \$6,000 family
Unlimited	Unlimited
No charge	No charge
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating PacifiCare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; limit 100 consecutive days from first treatment per disability
No charge if authorized by Kaiser physician	No charge (if medically necessary)
No charge if authorized by Kaiser physician	No charge; 100 visits maximum per calendar year
No charge if authorized by Kaiser physician	No charge when authorized by a PacifiCare participating physician or medical group. Prognosis of life expectancy of one year or less.
No charge	No charge
\$5 Kaiser facility; waived if admitted directly to the hospital	\$50; waived on admission
No charge if emergency	No charge when medically necessary
\$5 copay	\$5 copay
No charge	No charge with an office visit
\$5 copay	\$5 copay; no charge for age 2 and under
No charge if generally available	\$5 copay; no charge for age 2 and under
\$5 copay	No charge
\$5 copay	Inpatient: No charge; Outpatient: \$5 copay
\$5 copay	Inpatient: No charge; Outpatient: \$5 copay
\$5 copay	No charge; office visit copays are waived after initial office visit copay
\$7 copay for up to 100-day supply; can be in person, internet, mail order	\$7 copay for 30-day supply; \$7 copay for 90-day supply mail order
No charge; 45 days maximum per calendar year	No charge; 30 days maximum per calendar year
\$5 copay	\$5 copay; 30 visits maximum per calendar year; ⁴ must be authorized through PCP
\$5 copay	\$5 copay through PCP
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	Not covered

Carrier Notes:

Blue Cross Plans I, II and Prudent Buyer

Coinurance payment is the percentage of eligible charges after you meet the plan deductible, unless otherwise noted. All plan reimbursements are based on negotiated rates or usual and customary charges.

¹ Indicates deductible waived.

Blue Cross II

² For non-Medicare members only.

Blue Cross I and II

³ Treatment must be due to an accidental injury while insured and treatment is received within two years of accident.

HMOs

Medical care must be received from HMO or contracted provider, physician or facility.

Mental Health Benefits for California Base Contracts refer to evidence and coverage.

PacifiCare

⁴ \$5 copay and no visit maximum if diagnosed with schizophrenia; schizoaffective disorder; bipolar disorder (manic-depressive illness); major depressive disorders; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa; and severe emotional disturbances of a child as identified in DSM-IV and meeting the criteria of California law.

⁵ A Solution for Caregivers – no charge for advice, information and referrals. See program materials for additional services.

COMPARISON OF MEDICAL PLANS

Effective July 1, 2006



- Kaiser – Colorado
- Kaiser – Georgia
- Kaiser – Hawaii
- Kaiser – Oregon

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. These do not replace or modify the official documents which legally govern each plan's operation.

Note: The rates contained in this booklet are subject to approval by the Centers for Medicare and Medicaid Services (CMS) and may be adjusted during the plan year.

BASIC (UNDER 65 OR OVER 65 WITHOUT MEDICARE COVERAGE)

	Kaiser – Colorado	Kaiser – Georgia
CALENDAR YEAR DEDUCTIBLE/COPAYMENT	None	None
ANNUAL OUT-OF-POCKET MAXIMUM	Individual—\$2,000 Family—\$4,500	Individual—\$2,000, Two-Party—\$4,000 Family—\$6,000
LIFETIME MAXIMUM BENEFITS	None	None
HOSPITAL BENEFITS		
Room and Board	\$250 copay	\$250 copay
Surgical Services	Inpatient—no charge Outpatient—\$50 copay	Inpatient—no charge Outpatient—\$15 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%; \$2,000 max.	Durable medical equipment covered at 80%
HOSPITAL ADMISSION AUTHORIZATION REQUIREMENTS	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
NURSING BENEFITS		
Skilled Nursing Facility Care	No charge; 100 days/period	No charge; 100 days/year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge if authorized
Hospice Care	No charge	No charge if authorized
EMERGENCY BENEFITS		
Inpatient	\$100 copay (waived if admitted)	\$100 in or out of plan (waived if admitted)
Outpatient	\$100 copay	\$100 in or out of plan (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
OUTPATIENT BENEFITS		
Doctor's Office Visits	\$5 copay (\$25 copay for after hours care; \$15 specialist visit)	\$15 copay
Preadmission X-Ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
-Adult	\$5 copay	\$15 copay
-Children Under 17	\$5 copay	\$15 copay
Immunizations	\$5 copay	\$15 copay
Outpatient Surgical Services	\$50 copay	\$50 copay
Physical Therapy	No charge inpatient; \$5 outpatient	\$15 copay
Speech Therapy	No charge inpatient; \$5 outpatient	\$15 copay
Maternity	\$5 copay	\$15 copay for 1st visit; 100% thereafter
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser; \$21 generic/\$36 brand copay for up to 30-day supply at Eckerds
MENTAL HEALTH BENEFITS		
Inpatient	\$250/admission up to 45 days per calendar year	\$250 copay; up to 30 days per calendar year
Outpatient	\$5 copay; up to 20 visits annually	\$15 copay (unlimited)
SUBSTANCE ABUSE BENEFITS		
Inpatient	\$250/admission	\$250 copay (detox only; per admission)
Outpatient	\$5 copay; up to 20 visits annually	\$15 copay
Residential Day	\$250/admission up to 30 days	Not covered
VISION/HEARING CARE BENEFITS		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit towards lenses, contact lenses or frames combined every 2 yrs.	Discounts available
Frames		Discounts available
Hearing Exam	\$5 copay	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual—\$1,500 Family (3 or more)—\$4,500	Individual—\$600 Family—\$1,200
None	None
No charge	No charge
No charge	Inpatient—no charge Outpatient—\$5 copay
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days/year	No charge; 100 days/year
Not covered	No charge when medically necessary and prescribed
No charge if authorized	No charge if authorized
No charge if authorized	No charge
\$25/visit	\$75 copay, waived if admitted
\$25/visit	\$75 copay, waived if admitted
No charge	\$75 copay
\$5 copay	\$5 copay
No charge	No charge
\$5 copay	\$5 copay
\$5 copay	\$5 copay; no charge up to two years old
No charge for routine	No charge for routine
\$5 copay	\$5 copay
\$5 copay	\$5 copay; the greater of two months or 20 visits per condition for each therapy
\$5 copay	\$5 copay; the greater of 2 months or 20 visits per condition for each therapy
No charge (after confirmation of pregnancy)	Hospitalization—no charge; Doctor's office visit—no charge
\$5 copay for up to 30-day supply or 1 injection	\$5 copay for up to 30-day supply
No charge for up to 30 days/calendar year*	No charge for up to 30 days
\$5 copay for up to 24 visits/calendar year	\$5 copay; up to 40 visits in a two year benefit period
No charge	20% copay; max. benefit of \$5,625/adult; \$5,000/child; per two year benefit period
\$5 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	20% copay; maximum benefit of \$4,375/adult; \$3,750/child; per two year benefit period
\$5 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	Not covered

*When prescribed by a Physician, services for serious mental illness will be provided in accordance with State law.

RETIREE WITH MEDICARE

	Kaiser – Colorado	Kaiser – Georgia
CALENDAR YEAR DEDUCTIBLE/COPAYMENT	None	None
ANNUAL OUT-OF-POCKET MAXIMUM	Individual—\$2,500	Individual—\$2,000, Two-Party—\$4,000 Family—\$6,000
LIFETIME MAXIMUM BENEFITS	None	None
HOSPITAL BENEFITS		
Room and Board	\$250 copay	\$250 copay
Surgical Services	No charge inpatient; \$50 copay outpatient	Inpatient—no charge/Outpatient—\$15 copay
Hospital Services and Supplies	Durable medical equipment at 80%	No charge
HOSPITAL ADMISSION AUTHORIZATION REQUIREMENTS	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
NURSING BENEFITS		
Skilled Nursing Facility Care	No charge; 100 days/period	No charge; 100 days/period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge if authorized
Hospice Care	No charge (only home based hospice care)	No charge
EMERGENCY BENEFITS		
Inpatient	\$50 copay (waived if admitted)	\$50 copay (waived if admitted) in or out of plan
Outpatient	\$50 copay	\$50 copay (waived if admitted) in or out of plan
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
OUTPATIENT BENEFITS		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist)	\$15 copay
Preadmission X-Ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
-Adult	\$5 copay	\$15 copay
-Children Under 17	\$5 copay	\$15 copay
Immunizations	\$5 copay	\$15 copay
Outpatient Surgical Services	\$50 copay	\$50 copay
Physical Therapy	No charge inpatient; \$5 copay outpatient	\$15 copay outpatient
Speech Therapy	No charge inpatient; \$5 copay outpatient	\$15 copay outpatient
Maternity	\$5 copay	No charge
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser; \$21 generic/\$36 brand copay for 30-day supply at Eckereds
MENTAL HEALTH BENEFITS		
Inpatient	\$250/admission (190 lifetime days)	\$250 per admission; 190 day lifetime limit
Outpatient	\$5 copay	\$15 copay
SUBSTANCE ABUSE BENEFITS		
Inpatient	\$250/admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay; detox and rehab \$5 copay; group therapy
VISION/HEARING CARE BENEFITS		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit towards lenses, contact lenses or frames combined every 2 yrs	No charge for standard lenses
Frames		\$100 credit for vision hardware
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual—\$1,500 Family (3 or more)—\$4,500	Individual—\$600 Family—\$1,200
None	None
No charge	No charge
No charge	No charge
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days/year	No charge; 100 days for Medicare benefits period
Not covered	No charge when medically necessary and prescribed
No charge if authorized	No charge
No charge if authorized	No charge
\$25/visit	\$50 copay, waived if admitted
\$25/visit	\$50 copay, waived if admitted
No charge	\$50 copay
\$5 copay	No charge
No charge	No charge
\$5 copay	No charge
\$5 copay	No charge
No charge for routine	No charge
\$5 copay	No charge
\$5 copay	No charge; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
\$5 copay	No charge; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
No charge (after confirmation of pregnancy)	No charge
\$5 copay for up to 30-day supply or 1 injection	\$5 copay for a 30-day supply
No charge; 30 days/calendar year*	No charge; 190-day max. per lifetime
\$5 copay; 24 visits/calendar year*	No charge
No charge	No charge
\$5 copay	No charge
\$5 copay	No charge
Not covered	\$150 credit towards the purchase of lenses, frames, and/or contact lenses every 24 months
Not covered	
\$5 copay	No charge
Not covered	Not covered

*When prescribed by a Physician, services for serious mental illness will be provided in accordance with State law.

COMPARISON OF MEDICAL PLANS

Effective July 1, 2006

For those enrolled in Medicare Parts A and B



- **Blue Cross III**
- **Kaiser Senior Advantage**
- **SCAN (Member and Spouse Only)**
- **PacifiCare/Secure Horizons**

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. These do not replace or modify the official documents which legally govern each plan's operation.

Comparison of Medical Plans (For Medicare Eligible Members Enrolled in Medicare Parts A and B)

	Medicare Supplement	Medicare Advantage Prescription Drug (MA-PD) HMOs		
	Blue Cross III	Kaiser Senior Advantage	SCAN ¹	Secure Horizons ⁵
Outpatient Benefits				
Doctor's Office Visit	20% of Medicare-approved charges	\$5 copay	\$5 copay	\$5 copay
Preadmission X-ray and Lab Tests	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
Routine Checkups	Not covered except for dependent children under age 17	\$5 copay	\$5 copay	\$5 copay
Immunizations	Not covered except for dependent children under age 17	No charge	No charge	No charge with an office visit copay
Outpatient Surgical Services	20% of Medicare-approved charges	\$5 copay per procedure	\$5 copay	No charge
Physical Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Speech Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Maternity	Covered as any other illness for services covered by Medicare	\$5 copay	Covered as any other illness	\$5 copay
Chiropractic Care	20% of Medicare-approved charges	\$5 copay for Medicare-covered services ³	\$15 copay for Medicare-covered services ²	\$5 copay for Medicare-covered services ³
Transportation	Not covered	Not covered	No charge per trip for medical or dental services	Not covered
Prescription Drugs	80% in-network, 60% out-of-network; \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 speciality copay for mail order for 90-day supply ⁴	\$7 copay for up to 100-day supply; covers dental prescriptions	Retail: \$7 generic; \$15 brand; Mail order: \$7 generic; \$15 brand, 3-month supply	\$7 copay for 30-day supply (or for 90-day mail order supply for maintenance medications only)
Mental Health Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; 190-day lifetime maximum plus additional 45 days per calendar year after the 190-day maximum is exhausted ²	No charge; 190-day lifetime maximum in Medicare facility ²	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	30% of Medicare-approved charges	\$5 copay for each visit per calendar year ²	\$10 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
Substance Abuse	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5/per visit individual; \$2/visit group	\$10 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision/Hearing Care Benefits				
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered eye exam once every 12 months	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/contacts) purchased from plan optical sales offices every 24 months; \$150 allowance	\$20 copay once every 24 months (includes bifocal lenses and frames)	Not covered
Frames	Not covered unless after eye surgery		Not covered	Not covered
Hearing Exams	One per calendar year; 80%	\$5 copay	\$0 copay preferred provider \$15 copay non-preferred provider	\$5 copay
Hearing Aids	50% up to \$300 lifetime maximum	Not covered	\$300 allowance per aid (\$600 total), every 24 months	Not covered

Comparison of Medical Plans (For Medicare Eligible Members Enrolled in Medicare Parts A and B)

	Medicare Supplement	Medicare Advantage Prescription Drug (MA-PD) HMOs		
	Blue Cross III	Kaiser Senior Advantage	SCAN ¹	Secure Horizons ⁵
Calendar Year Deductibles	None	None	None	None
Annual Maximum Out-Of-Pocket Expenses	None	Maximum copayments of \$1,500 – individual \$3,000 – family	None	None
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Benefits				
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Nursing Benefits				
Skilled Nursing Facility Care	Plan pays Medicare daily deductible for days 21-100; no coverage beyond 100 days	No charge; 100 days per benefit period	No charge; 100 days per year	No charge; 100 days per benefit period in a Medicare-certified facility
Private Duty Nurses	Not covered	No charge if authorized by a Kaiser physician	Not covered unless medically necessary	No charge when medically necessary only, per Medicare guidelines
Home Health Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser physician	No charge for Medicare-covered Home Health. See (*) for expanded coverage info.	No charge when medically necessary only, per Medicare guidelines
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser physician	No charge	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
Outpatient	20% of Medicare approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance	20% of Medicare approved charges	No charge for emergency	No charge	No charge (if medically necessary)

¹ SCAN includes expanded coverage for Independent Living Power™ services.

- No charge for personal care coordination
- \$10 copay per month for emergency response system
- \$8.50 copay per visit for alternative caregiver visit to a member's home when their regular caregiver is not available
- \$8.50 copay per visit for adult day care to provide relief for regular caregiver
- No copay for up to seven days in a facility when regular caregiver is unavailable
- \$8.50 copay per visit for transportation escort to medical, dental, optometric or other necessary appointments
- \$8.50 copay per visit for personal care such as assistance with bathing, dressing, eating, getting in and out of bed, moving about/walking and grooming
- \$8.50 copay per visit for homemaker services such as light cleaning, grocery shopping, laundry and meal preparation
- \$2.00 copay per day for home-delivered meals
- No copay for inpatient custodial care up to 14 days in a facility. Medicare will not pay for a stay in a facility if the services received are primarily for those purposes.

² Note: Visit or day limits do not apply to certain mental health care described in the evidence of coverage.

³ Manual manipulation of the spine to correct subluxation that can be demonstrated by X-ray, when the manipulation is prescribed by plan physician and performed by plan physiatrist.

⁴ Copayment for speciality drugs prorated for less than a 3-month supply.

⁵ PacifiCare includes coverage for A Solution for Caregivers services

- No charge for advice, information and referrals. See program materials for additional services.

